

No. 309  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41298

State File No. ....

DEC 3 1952

0301

BIRTH NO. ....		REG. DIST. NO. <u>339</u>		PRIMARY REG. DIST. NO. <u>6149</u>		Registrar's No. <u>25</u>		
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Stoddard</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Puxico Rural Duck Creek T.S.</u>		c. LENGTH OF STAY (In this place) <u>1.5.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Duck Creek</u>		1039		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) <u>Mary Ann Williams</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>10 20 52</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>May 20 1878</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Stoddard County Mo,</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>Thomas W. Miers</u>			13b. MOTHER'S MAIDEN NAME <u>Inez Wilkinson</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased,</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lucile Lowe Puxico Mo,</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>					<u>10 min</u>	
		ANTECEDENT CAUSES						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		II. OTHER SIGNIFICANT CONDITIONS						
		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			<u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>10/18</u> to <u>10/20/52</u> , 1952, that I last saw the deceased alive on <u>10/20/52</u> , 1952, and that death occurred at <u>7:15 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H. S. Keeling D.O.</u>			23b. ADDRESS <u>Puxico Mo</u>			23c. DATE SIGNED <u>10/21/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-22-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rock Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard Co Rural</u>			
DATE REC'D BY LOCAL REG. <u>11-8-52</u>		REGISTRAR'S SIGNATURE <u>Floyd Morgan</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Service Puxico, Mo.</u>		358		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 23 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.