

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45215**

FILED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5046 Registrar's No. 15

050
1

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

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Barry</u> b. COUNTY <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CRANE CRANE TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>CRANE R#1 - Rur 210</u>	
c. LENGTH OF STAY (In this place) <u>Years</u>		d. STREET ADDRESS (If rural, give location) <u>4 Miles W. of Crane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 MILES WEST OF CRANE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>Florence</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 9-1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>July 15-1865</u>		9. AGE (In years last birthday) <u>87</u>		10. IF UNDER 1 YEAR Days <u>4</u> Hours <u>24</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Barry county, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>ALEX WILSON</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda BURKE</u>	
13c. NAME OF HUSBAND OR WIFE <u>Isaac Williams</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		15. SOCIAL SECURITY NO. <u>none</u>	
16. INFORMANT'S SIGNATURE OR NAME <u>Mrs Leonard Reams</u>		17. ADDRESS <u>CRANE R-1</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertensive Cardio-vascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <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 10:30 Dec-9, 1952, that I last saw the deceased alive on Dec-8, 1952, and that death occurred at 9:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>A.P. Carter</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Crane, Mo</u>		23c. DATE SIGNED <u>12-10-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/11/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marys Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>CRANE R-1 MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul L. Marsh</u>		ADDRESS <u>Crane, Mo.</u>	
DATE RECD. BY LOCAL REG. <u>2-23-53</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u> <u>10-P</u>			

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

Gene A. Parrent

Licensed Embalmer No. 4809

P. O. Address Anna, 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.