No. 300
10.48

FILED JUN 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16966

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY: Audrain 0043
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY (In this place): 3 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Audrain Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone 0100
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centralia 1
d. STREET ADDRESS (If rural, give location): 722 E. Early

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): Greenwood
c. (Last): Williamson

4. DATE OF DEATH (Month) (Day) (Year): May 17, 1953

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 1, 1872
9. AGE (In years last birthday): 81 — If under 1 year: Months 1, Days 16 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Furnas County Nebraska 1
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13a. FATHER'S NAME: Joseph W. Greenwood
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Harry S. Williamson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mrs Earl Seymour — ADDRESS: Centralia, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis — Unknown
DUE TO (c) Hypertension arterial — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus. Uterine Carinoma — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 443X H
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 4, 1945, *to* May 17, 1953, *that I last saw the deceased alive on* May 17, 1953 *and that death occurred at* 6:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. Lachance (Degree or title) M. D.
23b. ADDRESS: 110 W. Sneed, Centralia, Mo.
23c. DATE SIGNED: 5/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Centralia Cemetery
24d. LOCATION (City, town, or county) (State): Centralia Missouri

DATE REC'D BY LOCAL REG.: May 23 1953
REGISTRAR'S SIGNATURE: Blanche Keely
25. FUNERAL DIRECTOR'S SIGNATURE: Bill Meador
ADDRESS: Centralia Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 2 19[illegible]

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 Bill G. Mendor.

Licensed Embalmer No. 7876.

P. O. Address Centralia, Missouri

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.