

JUN 22 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20910

State File No. ....

BIRTH NO. .... REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Lee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fort Madison</u>	
c. LENGTH OF STAY (If in place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>8140 S</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway County Hosp</u>			

3. NAME OF DECEASED (Type or Print) <u>Ida Clark Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12-53</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED <u>Widowed</u>	8. DATE OF BIRTH <u>1878</u>		9. AGE (In years last birthday) <u>75</u>
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>Same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>DK</u>		13b. MOTHER'S MARDEN NAME <u>DK</u>		14. NAME OF HUSBAND OR WIFE <u>DK</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>321-22-1426</u>		17. INFORMANT'S SIGNATURE (Full name and address) <u>Mrs. Valerie Lewis, Chicago, Ill</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension</u>				
		DUE TO (c) <u>Arteriosclerosis</u>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 May 27, 1953, to June 12, 1953, that I last saw the deceased alive on June 12, 1953 and that death occurred at 9:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. M. Brews M.D.</u>		23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>6-13-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Side Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u>	
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DATE REC'D BY LOCAL REG. <u>June 15-1953</u>		REGISTRAR'S SIGNATURE <u>G. Garnetta Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oliver Bell</u>		ADDRESS <u>Fulton, Mo.</u>	
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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

*Harry T. Bell*

Licensed Embalmer No. *4867*

P. O. Address *Galton, Pa.*

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.