

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21423

FILED JUL 7 - 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5548 Registrar's No. 11

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Howard</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Prairie Twp.</u>	c. LENGTH OF STAY (in this place) <u>30 yrs.</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Prairie Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Armstrong</u>		d. STREET ADDRESS (If rural, give location) <u>near Armstrong</u> <span style="float: right;">D 450</span>	

<b>3. NAME OF DECEASED</b> (Type or Print) <u>Lou</u>	a. (First) _____ b. (Middle) _____ c. (Last) <u>Williams</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 18, 1953</u>
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<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>negro</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>widowed</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 22, 1878</u>	<b>9. AGE</b> (In years last birthday) <u>75</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 1 WEEK Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Howard County, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>
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<b>13a. FATHER'S NAME</b> <u>Dick Wayland</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Eliza Marcus</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lumb Williams</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs. Lou Wright; Armstrong, Missouri</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>6 days</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <span style="float: right; font-size: 1.5em;">4201</span>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE - HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from JUN 16, 1953, to JUNE 18, 1953 that I last saw the deceased alive on JUNE 18, 1953, and that death occurred at 9:20 PM from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Francis W. Dean M.D.</u>	<b>23b. ADDRESS</b> <u>Shayeth, Mo</u>	<b>23c. DATE SIGNED</b> <u>24 June 1953</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>24b. DATE</b> <u>June 21, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Roanoke Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Roanoke, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>June 24, 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Walker Audaley</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Tom B. Patton, Huntville, Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Tom B. Patton*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3914

P. O. Address Huntsville

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

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