

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21961**

FILED JUN 29 1953

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3021 Registrar's No. 39

502

1. PLACE OF DEATH
a. COUNTY Jefferson

b. CITY (If outside corporate limits, write RURAL and give township) De Soto c. LENGTH OF STAY (In this place) 6 Wks

c. CITY (If outside corporate limits, write RURAL and give township) De Soto d. STREET ADDRESS (If rural, give location) 701 W. Miller St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Jefferson

3. NAME OF DECEASED
a. (First) Laura b. (Middle) Anne c. (Last) Williams 4. DATE OF DEATH (Month) (Day) (Year) June 16, 1953

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH (Month) (Day) (Year) July 18, 1882 9. AGE (In years) (Months) (Days) (Hours) (Min.) 70

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and State or Foreign Country) Valle Park, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George A. Pogue 13b. MOTHER'S MAIDEN NAME Minnie Renabauch 14. NAME OF HUSBAND OR WIFE John Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Dickinson DeSoto, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 hours

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchio-genic pneumonia

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4201H 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) (Min.) _____ 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 30, 1953, to June 16, 1953, that I last saw the deceased alive on June 16, 1953, and that death occurred at 1:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marv. Mothershead M.D. 23b. ADDRESS DeSoto Mo. 23c. DATE SIGNED June 17, 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6/19/53 24c. NAME OF CEMETERY OR CREMATORY Woodlawn 24d. LOCATION (City, town, or county) (State) DeSoto Mo.

DATE REC'D BY LOCAL REG. 6-18-53 REGISTRAR'S SIGNATURE Maria Farrer 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Lee Mothershead DeSoto, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

AUG 18 1954

DATE RECEIVED

JUN 22 1953

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 Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.