No. 300
10.48

FILED SEP 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27647

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 65

051

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

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 600 Fourth St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett 0051
d. STREET ADDRESS (If rural, give location): 600 Fourth St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): Clinton
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): 8-27-1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 0
8. DATE OF BIRTH: 2-13-1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 6, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Switchman
10b. KIND OF BUSINESS OR INDUSTRY: Railroading
11. BIRTHPLACE (City and State or Foreign Country): Newton County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William Peyton Williams
13b. MOTHER'S MAIDEN NAME: Elmyra E. Hewlett
14. NAME OF HUSBAND OR WIFE: Hattie 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.: 702-03-5833
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Hattie Williams, Monett, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic Cystitis + Pyelitis — 2 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Sclerosis (Primary lateral) 6 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 605X
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* 5-10, 1946, *to* 8-27, 1953, *that I last saw the deceased alive on* 8-26, 1953, *and that death occurred at* 6:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Brandt Kim M.D. 0
23b. ADDRESS: Monett Mo
23c. DATE SIGNED: 8-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-31-53
24c. NAME OF CEMETERY OR CREMATORY: Pierce City Cemetery
24d. LOCATION (City, town, or county) (State): Pierce City, Mo.

DATE REC'D BY LOCAL REG.: 8-31-53
REGISTRAR'S SIGNATURE: Katherine Henderson 487-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Mercer Funeral Home, Monett, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, 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.