

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

31602

State File No. _____

FILED OCT 5 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>5483</u>		Registrar's No. <u>94</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Harrison - Bethany Twp.</u>				a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>			
b. CITY OR TOWN <u>Died 2 Mi. S. Bethany</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>Rural-Benton Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway #69</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. #2, Pattonsburg, Mo.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>William Theodore</u>			b. (Middle) _____			c. (Last) <u>Williams</u>	
(Type or Print)			8-26-53				
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Male <u>0</u>		White		Married		10-14-1900	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country)	
Farmer			Manager			Civil Bend, Mo.	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE	
Oliver Gardner Williams			Mary Jane Hines			Lillie Mae Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME			
No		488-14-4855		Lillie Mae Williams, Pattonsburg			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>					2 hrs.
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Blood clot in artery</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS.					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Edema of lungs.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?
							YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
				Pattonsburg		Daviess	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>8/26, 1952</u>, to <u>8/26, 1953</u>, that I last saw the deceased alive on <u>8/26, 1952</u>, and that death occurred at <u>6:30 A.M.</u>, from the causes and on the date stated above.							
23a. SIGNATURE				23b. ADDRESS		23c. DATE SIGNED	
<u>H. Bailey, D.O.</u>				<u>Pattonsburg, Mo.</u>		<u>8-29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>8-29-53</u>		<u>Waters Cemetery</u>		<u>Pattonsburg, Mo.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
<u>10-2-53</u>		<u>Zola Burris</u>		<u>Pattonsburg, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

40
3

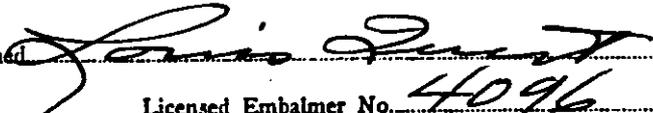
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 4096

P. O. Address [Handwritten Address]

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.