

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1940

State File No. ....

FILED FEB 1 1954

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>5666</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Union)</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union Twp 0560</u>		d. STREET ADDRESS (If rural, give location) <u>L2 Grange Mo. R.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>L2 Grange Mo. R.F.D.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>E. L. H.</u> b. (Middle) <u>-</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 18, 1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 16, 1884</u>	
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hestey, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13a. FATHER'S NAME <u>J. HORTON ALLEN</u>			13b. MOTHER'S MAIDEN NAME <u>Choe</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Williams</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Albert Orange L2 Grange Mo</u>			
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) <u>Congestive Heart Failure</u>							
* This does not mean the mode of dying, such as heart failure, asthenia, 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) _____							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4341</u>					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) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>1/17, 1954</u> to <u>1/18, 1954</u> that I last saw the deceased alive on <u>1/17, 1954</u> , and that death occurred at <u>2 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Howard V. Matt, D.D.</u>			23b. ADDRESS <u>La Grange Mo</u>			23c. DATE SIGNED <u>1/20/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1 SURVIZ</u>		24b. DATE <u>JAN 20 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>River View</u>		24d. LOCATION (City, town, or county) (State) <u>La Grange, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/26/54</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Kenneth Bailey La Grange Mo</u>			

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*J. Kenneth Baird*  
Licensed Embalmer No. *4848*

P. O. Address *La Grange, N.*

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.