

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

State File No. **2419**
Registrar's No. **19**

FILED JAN 26 1954

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		REGISTRAR'S NO. 19	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		d. STREET ADDRESS (If rural, give location) 522 So Williams	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital				4. DATE OF DEATH (Month) (Day) (Year) Jan 20 - 53			
3. NAME OF DECEASED (Type or Print) a. (First) Olin		b. (Middle) E		c. (Last) Williams		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 6 - 1909		9. AGE (in years last birthday) 45	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and State or Foreign Country) MO		12. CITIZEN OF WHAT COUNTRY? MO	
13a. FATHER'S NAME Ed Williams		13b. MOTHER'S MAIDEN NAME Mattie Croft		14. NAME OF HUSBAND OR WIFE Frances			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. O.E. Williams ADDRESS Moberly 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of esophageal varices ANTECEDENT CAUSES morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) carcinosis of liver DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 2 days 5 years	
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) (STATE) 5810			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Jan 18, 1954 , to Jan 20, 1954 , that I last saw the deceased alive on Jan 20, 1954 , and that death occurred at 6:12 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Charles H. ... (Degree or title) M.D.				23b. ADDRESS 300 ... Moberly Mo		23c. DATE SIGNED Jan 21 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-22-54		24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Moberly, Mo	
DATE REC'D BY LOCAL REG. 1-22-54		REGISTRAR'S SIGNATURE Charles H. ...		25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son ADDRESS Moberly, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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

Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.