

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7999**

BIRTH NO. _____ REG. DIST. NO. **387** PRIMARY REG. DIST. NO. **5208** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hale, RFD (Hurricane Twp)		c. CITY OR TOWN Hale Mo	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wm Heryford Home S/E Hale,		e. STREET ADDRESS (If rural, give location) 2 Miles SE Hale Missouri 0170	

3. NAME OF DECEASED (Type or Print)	a. (First) CLARA	b. (Middle) Russell	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) April 3rd, 1954
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5. SEX F	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed,	8. DATE OF BIRTH March 5th, 1864	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months X Days 29	IF UNDER 2 HRS. Hours / Min. /
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and State or Foreign Country) Hillsboro Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Wesley Shields,	13b. MOTHER'S MAIDEN NAME Martha Duley	14. NAME OF HUSBAND OR WIFE Chas. S. Williams,
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Wm Heryford,	ADDRESS Hale, Missouri
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18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Chronic Nephritis		
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 446X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-29, 1954**, to **4-3, 1954**, that I last saw the deceased alive on **4-3, 1954**, and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Alvin R. Walsh, MD	23b. ADDRESS Hale, Mo	23c. DATE SIGNED 4-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 5, 1954	24c. NAME OF CEMETERY OR CREMATORY Hale,	24d. LOCATION (City, town, or county) (State) Hale, Missouri
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DATE REC'D BY LOCAL REG. Apr. 9, 1954	REGISTRAR'S SIGNATURE Mrs. Rex Henderson	25. FUNERAL DIRECTOR'S SIGNATURE Clifford W. Austin	ADDRESS Tina, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

20

0.300
0.48

MAY 18 1954

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.....
Signature of Student Embalmer

Signed.....
Clyford W. Fisher
Licensed Embalmer No..... 323

P. O. Address..... Tina, Mi

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**