

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

State File No. **10572**

No. 300
10-49

FILED MAR 23 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 572

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| a. COUNTY <u>Christian Old Peoples Home</u> | | a. STATE <u>MISSOURI</u> b. COUNTY <u>Platte</u> | |
| b. CITY OR TOWN <u>General City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis CHAFFEE</u> | |
| c. LENGTH OF STAY (in this place) <u>10-2-51</u> | | d. STREET ADDRESS (If rural, give location) <u>128-Bleak</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Old Peoples Home</u> | | | |

| | | | | | |
|--|--------------------------|---------------------------------------|-------------------------|---|--------------------|
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | |
| a. (First) <u>Alpha</u> | b. (Middle) <u>Berna</u> | c. (Last) <u>Williams</u> | (Month) <u>Mar</u> | (Day) <u>6</u> | (Year) <u>1954</u> |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>Dec 18-1871</u> | | 9. AGE (In years) <u>82</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>None</u> | |
| 10a. USUAL OCCUPATION <u>unk</u> | | 11. BIRTHPLACE <u>Delaware</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

| | | | | | |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Henry Holcomb</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Fogarty</u> | | 14. NAME OF HUSBAND OR WIFE <u>No Rec</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? <u>unk</u> | | 16. SOCIAL SECURITY NO. <u>unk</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>M. J. ...</u> | |
| | | | | ADDRESS <u>6600 Washington</u> | |

| | | | | | |
|--|--|---|--|---|--|
| 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* <u>Pulmonary edema</u> | | | |
| *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 | | | |
| | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| | | DUE TO (b) <u>Congestive heart failure</u> | | | |
| | | DUE TO (c) <u>Arteriosclerotic heart disease, hypertension</u> | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | <u>Generalized arteriosclerosis</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) (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 July, 1952, to March 6, 1954, that I last saw the deceased alive on March 1, 1954, and that death occurred at 7:10 A.M., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|--|--|
| 23a. SIGNATURE <u>Edgar Drayton M.D.</u> | | 23b. ADDRESS <u>6600 Washington</u> | | 23c. DATE SIGNED <u>3-6-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL <u>Local</u> | | 24b. DATE <u>3-6-1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>unk</u> | |
| | | | | 24d. LOCATION <u>Cape Girardeau</u> | |
| | | | | <u>Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>3/6/54</u> | | REGISTRAR'S SIGNATURE <u>Richard B. ...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff Mort</u> | |
| | | | | ADDRESS <u>Chaffee Mo</u> | |

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

Ronald O. Yahwe

Licensed Embalmer No. _____

3917

P. O. Address _____

St. Louis

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.