

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11585**
 BIRTH NO. _____ REG. DIST. NO. **83** PRIMARY REG. DIST. NO. **4145** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY COOPEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COOPEY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RAIRIE HOME Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RAIRIE HOME Mo	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0270	
d. FULL NAME OF HOSPITAL OR INSTITUTION RAIRIE HOME Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) DORA b. (Middle) HANNA c. (Last) WILLIAMSON			4. DATE OF DEATH (Month) (Day) (Year) APRIL 15 1954		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH OCT. 26 - 1878		9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR OF UNDER 12 MRS. Hours Mins. 5 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME PETER BROWN		13b. MOTHER'S MAIDEN NAME RACHEL DIETZEL	
14. NAME OF HUSBAND OR WIFE HENRY WILLIAMSON		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 Leo L. Williamson		18. ADDRESS Boonville			

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) Arterio-sclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH (?)	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arterio-sclerosis			
		DUE TO (c) Senility			
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. 4-200		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)		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 Boonville Mo to Boonville Mo and that the death occurred at Boonville Mo on April 15, 1954 and that the death occurred at Boonville Mo from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Dr. DeGraeghe M.D.		23b. ADDRESS Boonville Mo		23c. DATE SIGNED 4/17/54	
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24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE APR 18 1954		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE CEM. BOONVILLE Mo	
24d. LOCATION (City, town, or county) (State) Boonville Mo		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	

DATE RECD BY LOCAL REG. 4/19/54		REGISTRAR'S SIGNATURE U.T. Meredith 442		25. FUNERAL DIRECTOR'S SIGNATURE W. Albert Hornbuck	
				ADDRESS Rairie Home	

(Licensed Embalmer's Statement on Reverse Side)

me

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 Ed. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Parrie Home

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.