

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15118**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **147**

1. PLACE OF DEATH a. COUNTY Calloway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo		b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. LENGTH OF STAY (in this place) over 1 year		c. CITY OR TOWN New Cambria	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 1		e. STREET ADDRESS (If rural, give location) Mo 0610			

3. NAME OF DECEASED (Type or Print) a. (First) HANNAH b. (Middle) Marie c. (Last) WILLIAMS			4. DATE OF DEATH (Month) (Day) (Year) 6-10-54		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) wid.	8. DATE OF BIRTH 7-5-1886		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) Macon County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME David B. Williams		13b. MOTHER'S MAIDEN NAME Mary Richards		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Hospital records Fulton, 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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary heart disease					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) venostatic bronchopneumonia					
		DUE TO (c) possible flu					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Bronchiopneumonia					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 **May 6 1953**, to **June 10 1954**, that I last saw the deceased alive on **June 10 1954**, and that death occurred at **6:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Hunter		(ID No. or Title) J. J. Laucek		23b. ADDRESS Fulton - Mo		23c. DATE SIGNED 6-10-54	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE June 12 1954		24c. NAME OF CEMETERY OR CREMATORY New Cambria Cem. New Cambria Mo		24d. LOCATION (City, town or county) (State)	
DATE REC'D BY LOCAL REG. June 10 1954		REGISTRAR'S SIGNATURE Martha Lawrence		426 - 25 FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home		ADDRESS Fulton Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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.....
Signature of Student Embalmer

Signed *William E. Trehse*

Licensed Embalmer No. *487*

P. O. Address *Fulton, N.Y.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.