

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16634

State File No.

FILED MAY 24 1954

BIRTH NO.		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>150</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>2718 Carroll St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2718 Carroll St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Bell</u> c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-6-54</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Feb. 7-1912</u>		9. AGE (In years last birthday) <u>42</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>Domestic</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal, Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Howard Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Jackson</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Frances Williams, 2718 Carroll</u>			
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) <u>Fracture & dislocation C4 and C5</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8259</u> <u>33</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #36</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Barry, Pike Illinois</u>		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>May 4th 1954 8:30P</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>May 4th 1954 8:30P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car accident near Barry, Illinois</u>			
22. I hereby certify that I attended the deceased from <u>10-7-53</u> , 19 <u> </u> , to <u>5-6-54</u> , 19 <u> </u> , that I last saw the deceased alive on <u>5-6-54</u> , 19 <u> </u> , and that death occurred at <u>7-15 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. L. Seem</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>100 N. Sixth, Hannibal Mo.</u>		23c. DATE SIGNED <u>5-14-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 9-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-20-54</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo E. Roberts</u>		ADDRESS <u>Hannibal</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 21 1954
MARION CO. HEALTH DEPT.
DATE FILED MAY 21 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
Student Embalmer

Signed Geo. E. Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal 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.