

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18736

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette, Mo.</u>				c. LENGTH OF STAY (If applicable) <u>8 weeks</u>			
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette, Mo. Rural, Richmond Twp.</u>				d. STREET ADDRESS (If rural, give location) <u>R. R. # 2</u> <u>0 450 2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>				3. NAME OF DECEASED a. (First) <u>Willoughby</u> b. (Middle) <u>Columbus</u> c. (Last) <u>Williams</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>11/8/1882</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u>		IF UNDER 28 HRS. Hours <u>11</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Howard County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Hardin Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Hern</u>		14. NAME OF SPOUSE OR WIFE <u>Beulah Newman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No.</u>		16. SOCIAL SECURITY No. (If yes, give war or dates of service) <u>443-05-67520</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W. C. Williams Fayette, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Coma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastroenteromy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>2 wks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Perforated & nodular ulcer</u>				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) 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 <u>April 19 59</u> to <u>May 25 59</u> , that I last saw the deceased alive on <u>5-25</u> , 19 <u>59</u> and that death occurred at <u>9:30</u> m., from the cause and on the date stated above.							
23a. SIGNATURE <u>W. Bloom M.D.</u>				23b. ADDRESS <u>Fayette Mo</u>		23c. DATE SIGNED <u>5-27-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/27/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-27-54</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>		ADDRESS <u>Fayette, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.

Signed.....

Ralph A. Carr

Licensed Embalmer No. *3340*

P. O. Address *Fayette, Mo*

Signed.....
Student Embalmer

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.