

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 4369 Registrar's No. _____

| | | | |
|---|--|--|-------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sareea</u> | | c. LENGTH OF STAY (In this place) <u>7 yrs</u> | c. CITY OR TOWN <u>Sareea</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) <u>8730</u> | |

| | | | | | |
|---|---------------------------|--|---|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Ella</u> c. (Last) <u>Williams</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 22, 1954</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar</u> | 8. DATE OF BIRTH <u>Mar. 6, 1878</u> | 9. AGE (In years last birthday) <u>76</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

| | | | | | |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>John P. Sims</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Rhea</u> | | 14. NAME OF HUSBAND OR WIFE <u>George H. Williams</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>G. H. Williams, Sareea, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (b) <u>Hypertensive heart disease</u> | | <u>10 yrs</u> |
| | DUE TO (c) <u>Arteriosclerosis</u> | | <u>20 yrs</u> |
| 11. 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 <u>H43X</u> | 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) | 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 June 19, 1954 to June 22, 1954 that I last saw the deceased alive on June 21, 1954 and that death occurred at 3:30 p.m. from the causes and on the date stated above.

| | | |
|---|--|------------------|
| 23a. SIGNATURE <u>John B. Roberts D.O.</u> | 23b. ADDRESS <u>P.O. Box 285 Sareea Mo. 6/25/54</u> | 23c. DATE SIGNED |
|---|--|------------------|

| | | | |
|--|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-25-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sareea Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Sareea, Mo</u> |
|--|-----------------------------|--|--|

| | | | |
|--|--|-------|---|
| DATE REC'D BY LOCAL REG. <u>6-26-54</u> | REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u> | 486-5 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Biddlecome Sareea Mo</u> |
|--|--|-------|---|

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

0730

RECEIVED

NEWTON COUNTY HEALTH DEPT

District Health Officer No.

District File Number 754-116

Date Filed MAR 2 1954

NEOSHO, MISSOURI

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 W E Biddlecom

Licensed Embalmer No. 217

P. O. Address Seneca

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.