

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28618

State File No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Huntsville</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		e. STREET ADDRESS (In rural, give location) <u>R.F.D. # 3</u>	

3. NAME OF DECEASED (Type or Print) JAMES - WILLIAMS

a. (First) _____ b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH Aug - 16 - 1954
(Month) (Day) (Year)

5. SEX Male 6. COLOR OR RACE Black 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH August - 1 - 1898 9. AGE (In years last birthday) 56

If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 Hrs: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner

10b. KIND OF BUSINESS OR INDUSTRY Coal

11. BIRTHPLACE (City and State or Foreign Country) Howard County, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Williams 13b. MOTHER'S MAIDEN NAME Lucy Watts 14. NAME OF HUSBAND OR WIFE Essie Mae Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME Mr. James Williams ADDRESS Huntsville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis

INTERVAL BETWEEN ONSET AND DEATH 1 mo

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardiovascular?

DUE TO (c) Arteriosclerosis - Nephritis?

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 _____

20. AUTOPSY? YES NO f46x

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov. 1953 to Aug. 1954, that I last saw the deceased alive on Aug 15, 1954 and that death occurred at 4:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE Will H. ... (Degree or Title) _____ 23b. ADDRESS 111 1/2 ...

23c. DATE SIGNED 8/16/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug - 18 - 1954

24c. NAME OF CEMETERY OR CREMATORY Cashland Cemetery 24d. LOCATION (City, town, or county) (State) Moberly, Mo.

DATE REC'D BY LOCAL REG. 8-18-54 REGISTRAR'S SIGNATURE W. H. ... 25. FUNERAL DIRECTOR'S SIGNATURE W. H. ... ADDRESS Snow Funeral Home Moberly Mo

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

AUG 3

NOV 14 1956

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
R. M. Cater

Licensed Embalmer No. *H/11*

P. O. Address *Hoberly*

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.