

FILED AUG 17 1954

STANDARD CERTIFICATE OF DEATH

State File No. 29479

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Saline</i>	
b. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>Marshall</i>		c. CITY OR TOWN <i>Marshall</i>	
c. LENGTH OF STAY (In this place) <i>Two</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>768 W Boyd</i>		e. STREET ADDRESS (If rural, give location) <i>768 W Boyd</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Junior</i> b. (Middle) _____ c. (Last) <i>Williams</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 6, 54</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>April 9, 1873</i>
9. AGE (In years last birthday) <i>71</i>		10. AGE (In years last birthday) <i>71</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State of Foreign Country) <i>Saline County, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Billie Williams</i>		13b. MOTHER'S MAIDEN NAME <i>Joella Harvey</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>492-18-1164</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. ShueLLie Allen, Marshall</i>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>ca kidney st</i> ANTECEDENT CAUSES <i>generalized metastasis</i> 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.		20. INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	

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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>180 X</i>	
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 *1 June, 1954, to 6 Aug, 1954*; that I last saw the deceased alive on *6 Aug, 1954*, and that death occurred at *9:45 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Ralph H. Moore MD</i>		23b. ADDRESS <i>Marshall, Mo.</i>		23c. DATE SIGNED <i>8-9-54</i>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>burial</i>		24b. DATE <i>Aug 10, 54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	
24d. LOCATION (City, town, or county) (State) <i>Kansas City, Kansas</i>		25. FEDERAL DIRECTOR'S SIGNATURE <i>George H. Beards</i> ADDRESS <i>Marshall, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>8-9-54</i>		REGISTRAR'S SIGNATURE <i>William J. Gray</i>		315	

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

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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 _____

Licensed Embalmer No. 42

P. O. Address _____

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.