

FILED OCT 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32761

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6882		Registrar's No. 116			
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 (If outside corporate limits, write RURAL and give township) <i>Rural New Rock township</i>		c. LENGTH OF STAY (in this place) <i>63 years</i>		c. CITY OR TOWN <i>Rural</i>		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 <i>Nelson Mo R.R. 1</i>				e. STREET ADDRESS (If rural, give location) <i>N.E. R.R. 1 - Nelson Mo.</i>					
3. NAME OF DECEASED a. (First) <i>NORA</i>			b. (Middle)		c. (Last) <i>Williams</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 25-54</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>March 16, 1891</i>		9. AGE (in years last birthday) <i>63</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri Saline County Mo.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13a. FATHER'S NAME <i>Anthony Williams</i>			13b. MOTHER'S MAIDEN NAME <i>Laura Ellis</i>			14. NAME OF HUSBAND OR WIFE <i>? Not known</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>William H. Debusse, New Rock</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardiac Congestion</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <i>Aug</i> , 1954, to <i>Sept. 25, 1954</i> that I last saw the deceased alive on <i>9-25, 1954</i> and that death occurred at <i>5 a.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>P. L. Lawless - M.D.</i>				23b. ADDRESS <i>Maes Hall 910</i>			23c. DATE SIGNED <i>9-27-54</i>		
24a. BURIAL CREMATION REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>9/29/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Union Hill</i>		24d. LOCATION (City, town, or county) (State) <i>N.E. Saline County Mo.</i>			
DATE REC'D BY LOCAL REG. <i>9/29/54</i>		REGISTRAR'S SIGNATURE <i>Sidney Gray</i>			385		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>George Henry Washell</i>		

(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..

Student.....
Signature of Student Embalmer

Signed *George H. Green*.....
Licensed Embalmer No. *42*.....
P. O. Address *Nashville*.....

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.