

No. 300
70.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36373

State File No.

FILED DEC 15 1954

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 430

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, write RURAL and give town/ship) OR TOWN Kirksville
c. LENGTH OF STAY (in this place) 2 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION Grim-Smith Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Adair
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville 2013
d. STREET ADDRESS (If rural, give location) 1114 N. Centennial

3. NAME OF DECEASED
a. (First) Wilma b. (Middle) ELLEORA c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year) December 7, 1954

5. SEX Female
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH 8-25-1938

9. AGE (In years last birthday) 16
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 100 YRS.: Hours _____ Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Missouri, Knox Co.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lonnie Williams

13b. MOTHER'S MAIDEN NAME Goldie Crawford

14. NAME OF HUSBAND OR WIFE _____

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

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME Goldie Williams ADDRESS 1114 N. Centennial, Kirksville, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myeloma
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (c) 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.

INTERVAL BETWEEN ONSET AND DEATH 1 year

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 Dec 3, 1954, to Dec 7, 1954, that I last saw the deceased alive on Dec 7, 1954, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]

(Degree or title) _____ 23b. ADDRESS Kirksville, Mo.

23c. DATE SIGNED 12/9/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-9-54

24c. NAME OF CEMETERY OR CREMATORY Highland Park

24d. LOCATION (City, town, or county) (State) Kirksville, Mo.

DATE REC'D BY LOCAL REG. 12-9-54

REGISTRAR'S SIGNATURE Kate Sumbert

25. FUNERAL DIRECTOR'S SIGNATURE Robert B. Davis ADDRESS Kirksville, Mo.

(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
Student Embalmer

Signed _____

Robert B. Davis

Licensed Embalmer No. *4219*

P. O. Address *Kirkville, Mo.*

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.