

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1954

State File No. **36502**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **30** PRIMARY REG. DIST. NO. **4038** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY <b>Benton</b>		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>WARSAW</b> )		c. CITY OR TOWN <b>Sedalia</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>hours</b>		e. STREET ADDRESS (If rural, give location) <b>644 E 10th</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CLYDE</b> b. (Middle) <b>MARION</b> c. (Last) <b>Williams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 29, 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Feb 20, 1901</b>		9. AGE (in years last birthday) <b>53</b>		10. IF UNDER 1 YEAR (Months) (Days) <b>9 9</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Traveling Salesman</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pettis Co Mo</b>	
12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Daniel Frank Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Kaemmerer</b>	
14. NAME OF HUSBAND OR WIFE <b>Helen Williams</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No No</b>		16. SOCIAL SECURITY NO. <b>490-34-0613-11</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Helen Williams</b>		ADDRESS <b>644 E 10th Sedalia Mo</b>			

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro-vascular - Accident.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1-2 Hours</b>	
ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>unknown</b>			
DUE TO (c)					
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 <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 **29 Nov, 1954**, to **29 Nov, 1954**, that I last saw the deceased alive on **29 Nov, 1954**, and that death occurred at **4:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>David Glenn</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Warsaw Mo</b>		23c. DATE SIGNED <b>1 Dec 54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 2, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Sedalia Pettis Co Mo</b>		DATE REC'D BY LOCAL REG. <b>Dec 2, 1954</b>		REGISTRAR'S SIGNATURE <b>Jas. G. Logan</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin Bros</b>		ADDRESS <b>Sedalia, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 16 1955  
FEB 18 1956  
NOV 28 1955

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.....  
*John J. Reser*

Licensed Embalmer No. *40*

P. O. Address *Warsaw*

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.