

FILED DEC 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36721**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **328**

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give town) Fulton	c. LENGTH OF STAY (in this place) 15 mo's	c. CITY OR TOWN Sturgeon	d. In 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 Shoaf Nursing Home		e. STREET ADDRESS (If rural, give location) Rural Route St. 0100	

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle) A.	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) Nov. 22 1954		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 13, 1864	9. AGE (In years last birthday) 90	If UNDER 1 YEAR Months 10 Days 9	If UNDER 24 HRS. Hours 9 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaker	11. BIRTHPLACE (City and State or Foreign Country) Boone County Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME A.J. Woods	13b. MOTHER'S MAIDEN NAME Polly Riggs	14. NAME OF HUSBAND OR WIFE _____
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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. None	17. INFORMANT'S SIGNATURE OR NAME Shoaf Nursing Home ADDRESS Fulton, Mo
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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) Decubitus Ulcer		INTERVAL BETWEEN ONSET AND DEATH Several days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis		
	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 4-500	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **Aug 27, 1954**, to **Nov 21, 1954**, that I last saw the deceased alive on **Nov 20, 1954**, and that death occurred at **7:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____	23b. ADDRESS Fulton, Mo	23c. DATE SIGNED Nov 27, 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 24, 1954	24c. NAME OF CEMETERY OR CREMATORY Union	24d. LOCATION (City, town, or county) (State) Sturgeon, Mo.
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DATE REC'D BY LOCAL REG. Nov. 29-1954	REGISTRAR'S SIGNATURE [Signature]	426	25. PUBLIC HEALTH DIRECTOR'S SIGNATURE [Signature] ADDRESS Sturgeon, Mo.
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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 *Bill J. Mendenhall*.....

Licensed Embalmer No. *48*.....

P. O. Address *Sturgeon*.....

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.