

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**38395**

**FILED NOV 24 1954**

State File No. \_\_\_\_\_  
Registrar's No. 256

BIRTH NO. 14768-54 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Randolph</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> c. LENGTH OF STAY (in this place) <u>5-Days</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytesville, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>405-South Center St.</u>	
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<b>3. NAME OF DECEASED</b> a. (First) <u>Debra</u> b. (Middle) <u>Florence</u> c. (Last) <u>Williams</u> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 18th, 1954</u>					
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>Black</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Baby</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 24th, 1954</u>	<b>9. AGE</b> (in years last birthday) Months Days Hours Min. - 9 25	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Baby</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Keytesville, Mo</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Not Known</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Florence Williams</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Baby</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Florence Williams</u> <u>Keytesville, Mo.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Asphyxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Laryngis-tracheal Bronchitis</u> DUE TO (c) <u>Pertussis</u>		INTERVAL BETWEEN ONSET AND DEATH
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>0560</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Nov 9, 1954, to Nov 18, 1954, that I last saw the deceased alive on Nov 17, 1954, and that death occurred at 2:15P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Walter E. Hutton D.D.</u>	<b>23b. ADDRESS</b> <u>Keytesville Mo</u>	<b>23c. DATE SIGNED</b> <u>11-20-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Nov. 20th, 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>City Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Keytesville, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>11/20/54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Walter E. Hutton</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Walter E. Hutton</u> <u>Keytesville, Mo.</u>
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(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 H. D. Gammitt

Licensed Embalmer No. 3046

P. O. Address Key West Fla

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.