

FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13053**

BIRTH NO. 124 REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6075 Registrar's No. 107

240

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

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, ST. FRANCOIS	c. LENGTH OF STAY (in this place) 29 days	c. CITY OR TOWN BISMARCK	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 MINERAL AREA OSTEO. HOSP.		f. STREET ADDRESS (If rural, give location) 1 1/2 miles west 0940	

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) AMOS c. (Last) WILLIAMS			4. DATE OF DEATH (Month) (Day) (Year) April 9, 1955	
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July-3-1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 9 Days 6	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED	11. BIRTHPLACE (City and State or Foreign Country) HILLSBORO, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME JOHN WILLIAMS	13b. MOTHER'S MAIDEN NAME LOLA ROSENSTINGEL	14. NAME OF HUSBAND OR WIFE LOLA WILLIAMS	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lola Williams, Bismarck 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) Valvular Fibrillation		INTERVAL BETWEEN ONSET AND DEATH 10 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arricular Fibrillation		unk
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastric Resection (total)		

19a. DATE OF OPERATION 4-9-55	19b. MAJOR FINDINGS OF OPERATION Cyctic heart lower lobe at autopsy 4-3-51		20. AUTOPSY? YES <input checked="" 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) (Minute)	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 4-9, 1955, to 4-9, 1955, that I last saw the deceased alive on 4-9, 1955, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. H. M... M.D.	23b. ADDRESS FARMINGTON, MISSOURI	23c. DATE SIGNED 4-13-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-12-55	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	24d. LOCATION (City, town, or county) (State) Doe Run, Missouri
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DATE REC'D BY LOCAL REG. Apr. 13, 1955	REGISTRAR'S SIGNATURE Ester Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simon & Sons Bismarck, 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 *John N. Sheehan*.....
Licensed Embalmer No. *488*.....
P. O. Address *Bismarck*.....

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.