

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21905

State File No. _____

FILED AUG 15 1955

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. CITY OR TOWN <u>Bethany</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South 14th St.</u>		e. STREET ADDRESS (If rural, give location) <u>South 14th St. 0410</u>	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) F. c. (Last) WILLIAMS 4. DATE OF DEATH (Month) (Day) (Year) August 7, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH March 12, 1871 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months 4 Days 25 IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner (retired) Farm 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Eagleville, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Josephus Williams 13b. MOTHER'S MAIDEN NAME Mary Jane Gay 14. NAME OF HUSBAND OR WIFE Lena Williams

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 C. J. Williams ADDRESS Ridgeway, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma head of Pancreas
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) 157X
II. OTHER SIGNIFICANT CONDITIONS (d) 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 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) (Min.) _____ 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 6-28, 1955, to 8-7, 1955, that I last saw the deceased alive on 8-4, 1955, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. [Signature] 23b. ADDRESS Bethany Mo. 23c. DATE SIGNED 8/8/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug. 9, 1955 24c. NAME OF CEMETERY OR CREMATORY Masonic Cem. 24d. LOCATION (City, town, or county) (State) Eagleville, Mo.

DATE REC'D BY LOCAL REG. 8/10/55 REGISTRAR'S SIGNATURE Zola Burris 116-0 25. FUNERAL DIRECTOR'S SIGNATURE Clark L. Bontz ADDRESS Bethany, Mo.
(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Clark L. Touch*.....

Licensed Embalmer No. *483*.....

P. O. Address *Beckham*.....

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.