

STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1955

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Waynesville, Mo <i>Rural</i>)		c. LENGTH OF STAY (If this place) 14 yrs.	c. CITY OR TOWN Waynesville, Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION None.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Rural Rt. 1.	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Jane c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1955			
5. SEX Female	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH Sept. 23, 1878	9. AGE (In years) (last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and State or Foreign Country) Pulaski Co. Bloodland, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME Samuel T. Crossland.		13b. MOTHER'S MAIDEN NAME Lucinda Anderson.		14. NAME OF HUSBAND OR WIFE Sterlin, Price Williams	
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. None.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Olive Gann Independence, Missouri	

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		INTERVAL BETWEEN ONSET AND DEATH 2 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Asphyxiation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Trapped in burning home DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		9160 16	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Waynesville Mo Rural Pulaski
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-11-55 2:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Trapped in burning home

22. I hereby certify that I attended the deceased from 12-11-55 to 12-11-55 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] County Coroner.	(Degree or title)	23b. ADDRESS Richland, Missouri	23c. DATE SIGNED 12/12/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/13/55	24c. NAME OF CEMETERY OR CREMATORY Buckhorn Cemetery	24d. LOCATION (City, town, or county) (State) Waynesville Mo Rural
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DATE REC'D BY LOCAL REG. 12-12-55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL HOME'S SIGNATURE [Signature] ADDRESS Hedge Funeral Home Richland, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 12-17-55
File Number

City, State and County Office

12-18-55

DEC 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 Clara Stone

Licensed Embalmer No. 489

P. O. Address Wayman

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.