

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4483**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **4203** Registrar's No. **20**

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Grundy</b> |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>mo</b> b. COUNTY <b>Grundy</b> |   |
| b. CITY OR TOWN <b>Galt</b>                  | c. LENGTH OF STAY (In this place) <b>Life</b> | c. CITY OR TOWN <b>Galt</b>   | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION      |   | e. STREET ADDRESS (If rural, give location) <b>0400</b>   |   |

3. NAME OF DECEASED (Type or Print) a. (First) **MARY JANE** b. (Middle) **WILLIAMS** c. (Last) **WILLIAMS** 4. DATE OF DEATH (Month) (Day) (Year) **1-14-1956**

5. SEX **f** 6. COLOR OR RACE **w** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **Aug 30 1885** 9. AGE (In years last birthday) **70** Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Housewife** 11. BIRTHPLACE (City and State or Foreign Country) **Iowa** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Thomas Scott** 13b. MOTHER'S MAIDEN NAME **Sarah Wilburson** 14. NAME OF HUSBAND OR WIFE **Algie Williams**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO. **1547-32-0100** 17. INFORMANT'S SIGNATURE OR NAME **Algie Williams** ADDRESS **Galt mo**

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 hours</b><br><b>10-15 years</b><br><b>20 years</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>pleurisy Embolism</b>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Malignant Hypertension + myocarditis</b><br>DUE TO (c) <b>Arteriosclerosis</b> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **H40X** 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) \_\_\_\_\_ 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 **July**, 19**50**, to **Jan**, 19**56**, that I last saw the deceased alive on **Jan 14**, 19**56**, and that death occurred at **4: a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Walker Eitel MD** 23b. ADDRESS **Galt mo** 23c. DATE SIGNED **Jan 16 1956**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **1-16-56** 24c. NAME OF CEMETERY OR CREMATORY **Asbury Cem.** 24d. LOCATION (City, town, or county) (State) **Milan mo**

DATE REC'D BY LOCAL REG. **1-18-56** REGISTRAR'S SIGNATURE **Drene Fawcett** 25. FUNERAL DIRECTOR'S SIGNATURE **PA Payne** ADDRESS **Don Galt mo**

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *P. K. Payne Jr.*

Licensed Embalmer No. *349*

P. O. Address *Salt*

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.