

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15842**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>EXCELSIOR SPRINGS</b>		c. CITY OR TOWN <b>EXCELSIOR SPRINGS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		STREET ADDRESS (If rural, give location) <b>504 Summit</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>504 Summit</b>			

3. NAME OF DECEASED (Type or Print) <b>RACHEL ELIZABETH WILLIAMS</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 27 1956</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>DEC 23 1865</b>	9. AGE (In years last birthday) <b>90</b>	If UNDER 1 YEAR Months	If UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>RAY COUNTY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOSEPH WOODS</b>	13b. MOTHER'S MAIDEN NAME <b>MARSHA MC KISSACK</b>	14. NAME OF HUSBAND OR WIFE <b>JESSIE WILLIAMS</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Minnie Swearingen, Excelsior, Mo.</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple Coronal Thromboses</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>  <b>years</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Atherosclerosis (severe)</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *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 <input type="checkbox"/> NO <input checked="" 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)	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 **Dec-3**, 19**53**, to **4-23**, 19**56**, that I last saw the deceased alive on **4-3**, 19**56**, and that death occurred at **8:40** m., from the causes and on the date stated above.

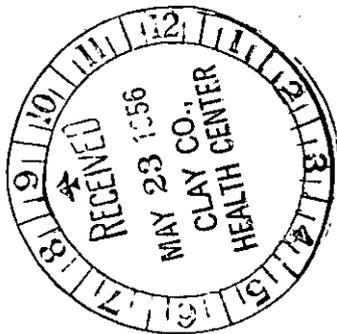
23a. SIGNATURE <b>Burgess P. Robinson</b> (Degree or title)	23b. PRESS <b>Excelsior Springs Mo</b>	23c. DATE SIGNED <b>4/27/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4-30-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CROWN HILL</b>	24d. LOCATION (City, town, or county) (State) <b>EXCELSIOR SPRINGS, MO, MO</b>
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DATE REC'D BY LOCAL REG. <b>4-30-56</b>	REGISTRAR'S SIGNATURE <b>Baroline Nutting</b>	25. Funeral Director's Signature <b>Prichard Funeral Home, Inc.</b> ADDRESS <b>Excelsior Springs, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer Statement on Reverse Side)



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. ~~456~~ working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lindell Jarman*.....

Licensed Embalmer No. *456*

P. O. Address *Excelsior Springs, Mo.*

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.