

FILED JUL 9 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 20124

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5440 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clay Twp.		c. CITY OR TOWN Owensville	
c. LENGTH OF STAY (in this place) 2 1/2 yrs.		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 Farm Home		STREET ADDRESS (If rural, give location) near Owensville, Mo. 0370	

3. NAME OF DECEASED (Type or Print) Ernest Williams			4. DATE OF DEATH (Month) (Day) (Year) June 27, 1956		
a. (First)	b. (Middle)		c. (Last)		

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 4, 1878	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	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) common labor		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME William Williams		13b. MOTHER'S MAIDEN NAME Adeline ***		14. NAME OF HUSBAND OR WIFE none	
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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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. Schuenemeyer		ADDRESS Owensville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6 mrs.	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				1561	

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) (Min.)		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 5-17, 1956, to 6-27, 1956, that I last saw the deceased alive on 6-26, 1956, and that death occurred at 1 p.m., from the causes and on the date stated above.

23a. SIGNATURE Paula Brunner, M.D.		(Degree or title)		23b. ADDRESS Owensville, Mo.		23c. DATE SIGNED 6-28-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-29-1956		24c. NAME OF CEMETERY OR CREMATORY Leach Cemetery		24d. LOCATION (City, town, or county) (State) Owensville, Mo.	
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DATE REC'D BY LOCAL REG. June 29, 1956		REGISTRAR'S SIGNATURE Mrs. Marvin Jappmeyer		25. FUNERAL DIRECTOR'S SIGNATURE Milford J. J. J. J.		ADDRESS OWENSVILLE, Mo.	
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(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 emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Melvin N Winter*.....  
Licensed Embalmer No. 38

P. O. Address *O WENSVK*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.