No. 300
10-48

FILED JUL 2 1956

STANDARD CERTIFICATE OF DEATH

State File No. 21313

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4345 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Matthews, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Matthews, Mo. 0720
d. STREET ADDRESS (If rural, give location): Matthews in city limits

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Lanora
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): June 7, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept, 28, 1876
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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: Self
11. BIRTHPLACE (State or foreign country): Hardin Co. Tenn. 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Wesley Mills
13b. MOTHER'S MAIDEN NAME: Elizabeth Lloyd
14. NAME OF HUSBAND OR WIFE: John Thomas 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.: - - - - -
17. INFORMANT'S SIGNATURE OR NAME: Fred Williams — ADDRESS: Sikeston, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Sigmoid — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (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: 153X
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) m.
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* 1-1 *1956 to* 6-7 *1956, that I last saw the deceased alive on* 6-7 *1956, and that death occurred at* 8:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: F. M. Sarno (Degree or title) M.D.
23b. ADDRESS: Morehouse, Mo.
23c. DATE SIGNED: 6-22-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-8-1956
24c. NAME OF CEMETERY OR CREMATORY: Matthews Cemetary
24d. LOCATION (City, town, or county) (State): Matthews, Mo.

DATE REC'D BY LOCAL REG.: 27 June 56
REGISTRAR'S SIGNATURE: Fay Hedgepeth
25. FUNERAL DIRECTOR'S SIGNATURE: Elgin McMillen — ADDRESS: Charleston, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

120

JUN 28 1966
DATE RECEIVED
NEW MADRID CO. HEALTH CENTER
P. Q. S.

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 .....
Student Embalmer

Signed J. E. McNeill

Licensed Embalmer No. 4695

P. O. Address Charleston, 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 this body is not embalmed, fact should be so stated above.