0.300
0.48

FILED AUG 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23084

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5222 Registrar's No. 103

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Dolan Twp.
c. LENGTH OF STAY (in this place) 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 mi So of Freeman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Dolan Twps 0190
d. STREET ADDRESS (If rural, give location) 3 mi So. of Freeman

3. NAME OF DECEASED (Type or Print) a. (First) LIZZIE b. (Middle) c. (Last) WILLIAMS

4. DATE OF DEATH (Month) July (Day) 23 (Year) 1956

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb 3 1873
9. AGE (In years last birthday) 83 | 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
11. BIRTHPLACE (City and State or Foreign Country) Cass Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel R McBride
13b. MOTHER'S MAIDEN NAME Christina Sabens
14. NAME OF HUSBAND OR WIFE Wm L 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. NONE
17. INFORMANT'S SIGNATURE OR NAME RR2 ADDRESS LaVerna Maloney Drexel 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) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

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. MALNUTRITION

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 334X
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* _____, 1948 *to* July, 1956, *that I last saw the deceased alive on* Jul/23, 1956, *and that death occurred at* 6 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J B Barger MD
23b. ADDRESS Harrisonville Mo
23c. DATE SIGNED 24/Jul/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 25-1956
24c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery
24d. LOCATION (City, town, or county) Freeman (State) Mo

DATE REC'D BY LOCAL REG. July 24, 1956
REGISTRAR'S SIGNATURE Dora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE Runnenburger's ADDRESS Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 30 1956
[illegible]
HEALTH DEPARTMENT

OCT 23 1956

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 Ernest Runnenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.