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

FILED SEP 11 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29676

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mtn. Grove
c. LENGTH OF STAY (In this place) 5 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mtn. Grove Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY ~~Wright~~ Douglas
c. CITY OR TOWN Vanzant
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) R. #1 .0240 1

3. NAME OF DECEASED (Type or Print)
a. (First) ELLA
b. (Middle) G.
c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year) 8/20/1956

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 2/2/1868
9. AGE (In years last birthday) 88 — If under 1 year: Months 6, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Indiana 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Oxford
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Charles G. 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 Mrs Ethel Wheat Vanzant, Mo ADDRESS

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) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

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 4500
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* 8-3-, 1956, *to* 8-20-, 1956, *that I last saw the deceased alive on* 8-19-, 1956, *and that death occurred at* 1:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R W Flemming M.D.
23b. ADDRESS Mtn. Grove Mo.
23c. DATE SIGNED 8-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/23/1956
24c. NAME OF CEMETERY OR CREMATORY Patrick Cemetery
24d. LOCATION (City, town, or county) (State) Douglas Co, Missouri

DATE REC'D BY LOCAL REG. 9-1-56
REGISTRAR'S SIGNATURE A.B. Ames
25. FUNERAL DIRECTOR'S SIGNATURE [signature] ADDRESS Mtn. Grove, Mo

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED Sept 5, 1956
WRIGHT CO. HEALTH DEPT.
County File Number 956-90
Date Filed Sept. 10, 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 3161

P. O. Address Mt. Grove, M

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