

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31218**

FILED SEP 19 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 45

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Johnson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Holden</b>	c. LENGTH OF STAY (in this place) <b>3 days</b>	c. CITY OR TOWN <b>Holden</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Holden Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>West 4th Street.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Zula</b>	b. (Middle) <b>Ophelia</b>	c. (Last) <b>Williams</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Sept. 14, 1956</b>
--	----------------------------	---------------------------	---

<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Mar. 11, 1876</b>	<b>9. AGE</b> (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------------------	---	---	---	--	--	--

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Domestic</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Moundville, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA.</b>
--	---	---	--

<b>13a. FATHER'S NAME</b> <b>Walter A. Rusk</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ellen V. Kelly</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>John H. Williams.</b>
--	---	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>J. Leonard Williams, Holden, Mo.</b>
--	---	---

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<p align="center"><b>MEDICAL CERTIFICATION</b></p> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Uremia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Congestive Heart Failure</b> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 week</b> <b>4 days</b>
--	--	---

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

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from Jan, 1956, to Sept 14, 1956, that I last saw the deceased alive on Sept 14, 1956, and that death occurred at 8:03 P.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <b>R. H. Jones D.O.</b>	<b>23b. ADDRESS</b> <b>Holden Mo</b>	<b>23c. DATE SIGNED</b> <b>9-15-56</b>
--	---	---

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>burial</b>	<b>24b. DATE</b> <b>9-16-1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Rosehill Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>LaTour, Mo.</b>
---	--------------------------------------	---	--

<b>DATE REC'D BY LOCAL REG.</b> <b>Sept 17, 1956</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mrs. H. V. Radford</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>E. B. CAST HOLDEN MO</b>	_____
---	---	--	-------

OCT 3 1956

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *EB Cook* .....

Licensed Embalmer No. ....

P. O. Address *Held* .....

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