

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37783**

BIRTH NO. _____ REG. DIST. NO. 127 PRIMARY REG. DIST. NO. 3023 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. LENGTH OF STAY (In this place) 6 Hrs.	c. CITY OR TOWN Clinton
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 210 So. Orchard St.	

3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE	b. (Middle) E.	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) Dec. 1, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Mar. 30, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 8 Days 1	IF UNDER 24 HRS. Hours 1 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Newburn, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Kennedy	13b. MOTHER'S MAIDEN NAME Elizabeth Briggs	14. NAME OF HUSBAND OR WIFE Deceased
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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 Jean Smith, 210 S. Orchard St.	ADDRESS Clinton, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular Accident Thrombosis		10 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive arteriosclerosis		8 yrs.
	DUE TO (c) Symptomatic (dry) arteriosclerosis of left great toe		3 hrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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) 332X
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?

22. I hereby certify that I attended the deceased from 10-15, 1956, to 12-1, 1956, that I last saw the deceased alive on 12-1, 1956, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE W.D. Bradshaw, M.D.	(Degree or title) 23b. ADDRESS Clinton, Mo.	23c. DATE SIGNED 12-3-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 3, 1956	24c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery	24d. LOCATION (City, town, or county) (State) Clinton, Mo.
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DATE REC'D BY LOCAL REG. 12-3-56	REGISTRAR'S SIGNATURE Melched Begum	25. FUNERAL DIRECTOR'S SIGNATURE W.D. Bradshaw	ADDRESS Clinton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed... *W. A. Vassant*

Licensed Embalmer No. *377*

P. O. Address... *Clinton, N.Y.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.