

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40878**

FILED JAN 8 1957

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>68</u>		PRIMARY REG. DIST. NO. <u>5266</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Osark Finley T P 3</u>		c. LENGTH OF STAY (In this place) <u>3 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Osark</u>		d. STREET ADDRESS (If rural, give location) <u>MO 0220</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osark Rest Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Berda</u>			b. (Middle) <u>A</u>		c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 9 - 1956</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>July 1 - 1888</u>		9. AGE (In years last birthday) <u>68-58</u> IF UNDER 1 YEAR: Months / Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Christian Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>	
13a. FATHER'S NAME <u>Tom Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>?</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Williams (Deaf)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Welfare Office - Osark Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u> <u>thrombosis, recurrent.</u> ANTECEDENT CAUSES Morbidity 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. <u>Arteriosclerosis</u> <u>Fracture of rt hip</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1st 2 yrs ago</u> <u>last 2 days duration</u> <u>yes?</u> <u>2 yo.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332XF</u>					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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>8 Dec, 1956</u> , to <u>9 Dec, 1956</u> , that I last saw the deceased alive on <u>8 Dec, 1956</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. D. Royer</u>				23b. ADDRESS <u>MO. Osark, Mo</u>		23c. DATE SIGNED <u>12 Dec '56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 12, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galena Cem. - Galena</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>JAN. 5 - 1957</u>		REGISTRAR'S SIGNATURE <u>Loretta Leonard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Everett C. Cheatham - Galena Mo</u>			

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(Licensed Embalmer's Statement on Reverse Side)

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Salina 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.