

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1438

State File No. ....

FILED FEB 25 1957

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>210</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (In this place) years <u>0 40 0</u>		c. CITY OR TOWN <u>Trenton</u>		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 <u>2400 Mabel St.</u>				e. STREET ADDRESS (If rural, give location) <u>2400 Mabel St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> b. (Middle) _____ c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25, 1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro 2</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>		8. DATE OF BIRTH <u>April 23, 1886</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Railroader</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Otterville, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Dan Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>708-10-7968</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Virginia Caldwell Williams Trenton</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>attack of pathua at intervals</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>1907</u> <u>5 to 6 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24 IX	
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>Jan 7, 1957</u> , to <u>Jan 25, 1957</u> , that I last saw the deceased alive on <u>Jan 25, 1957</u> and that death occurred at <u>3 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. A. Duffy M.D.</u> (Degree or title)				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>Jan 26-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/29/1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery Trenton, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG <u>1-29-57</u>		REGISTRAR'S SIGNATURE <u>Irene Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gipson Funeral Home Trenton, Mo.</u>			

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

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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 *Leo H. Whitaker*

Licensed Embalmer No. *476*

P. O. Address *Trouton, Pa.*

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.