

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27947

State File No. 27947

FILED SEP 9 1957

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 197

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| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Franklin</u> | |
| b. CITY OR TOWN <u>Washington mo</u> | c. LENGTH OF STAY (In this place) <u>3 weeks</u> | c. CITY OR TOWN <u>Gerald mo</u> | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. James</u> | | e. STREET ADDRESS (If rural, give location) <u>RR II</u> <u>0360</u> | |

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| 3. NAME OF DECEASED (First) <u>Cora</u> (Middle) <u>Ellen</u> (Last) <u>Williams</u> | 4. DATE OF DEATH (Month) <u>8</u> (Day) <u>28</u> (Year) <u>1957</u> |
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|----------------------|-------------------------------|--|-----------------------------------|---|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u> | 8. DATE OF BIRTH <u>1-15-1887</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 WKS. Hours _____ Min. _____ |
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| 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>none</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Billings mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Taylor Biggs</u> | 13b. MOTHER'S MAIDEN NAME <u>Missouri Faney</u> | 14. NAME OF HUSBAND OR WIFE <u>Charles W Williams</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Charles W Williams</u> ADDRESS <u>Gerald mo</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> | | |
| | DUE TO (c) _____ | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Arterial Sclerosis</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>260X</u> |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from Dec, 1949, to 8-27, 1957 that I last saw the deceased alive on 8-27, 1957, and that death occurred at 2:30 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Oliver A. Shuck</u> | 23b. ADDRESS <u>Gerald, mo</u> | 23c. DATE SIGNED <u>8/28/57</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8-30-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New Friendship</u> | 24d. LOCATION (City, town, or county) (State) <u>RR II Gerald mo</u> |
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| DATE REC'D BY LOCAL REG. <u>9/5/57</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FORENSIC DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Gerald mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 5 1957

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.....
Stanley E. Meyer

Licensed Embalmer No. 46

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