

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 4 1957

State File No. 35600

BIRTH NO. _____		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3024		Registrar's No. 92			
1. PLACE OF DEATH a. COUNTY HOWARD				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY HOWARD					
b. CITY OR TOWN FAYETTE		c. LENGTH OF STAY (in this place) 2 WEEKS		c. CITY OR TOWN GLASGOW, MO		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 LEE HOSPITAL				e. STREET ADDRESS (If rural, give location) 0450					
3. NAME OF DECEASED (Type or Print) LILLIE FRANCES WILLIAMS			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) OCT 10 1957			
5. SEX F		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JULY 13, 1874			
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State or Foreign Country) BEDFORD, INDIANA			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JACOB SPEER		13b. MOTHER'S MAIDEN NAME ELIZABETH ALLEN		14. NAME OF HUSBAND OR WIFE ROWLAND WILLIAMS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS DAN LIERMAN RICHMOND, MO					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Intestinal Organs DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Primary Carcinoma Ovary? II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 175X						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 10-1-57		19b. MAJOR FINDINGS OF OPERATION Metastatic Carcinoma of all abd. organs						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE		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) (m.)			
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 9-30, 1957 to 10-10, 1957, that I last saw the deceased alive on 10-10, 1957, and that death occurred at 2 1/2 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. J. Bloom M.D.				23b. ADDRESS Fayette MO		23c. DATE SIGNED 10-10-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) OCT 12, 1957		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY		24d. LOCATION (City, town, or county) (State) RICHMOND MO			
DATE REC'D BY LOCAL REG. 10/10/57		REGISTRAR'S SIGNATURE Mary T. Shell		25. FUNERAL DIRECTOR'S SIGNATURE Charles T. Garland		ADDRESS GLASGOW, MO			

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 *Charles T. Lanham*.....

Licensed Embalmer No. *5028*

P. O. Address *Wagon, M.*

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.