

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36472**

FILED NOV 12 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY OR TOWN <u>Warrensburg</u>		c. CITY OR TOWN <u>Holden</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 YEAR</u>		e. STREET ADDRESS (If rural give location) <u>Holden, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Curris Nursing Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BARBARA</u>	b. (Middle) <u>VERA</u>	c. (Last) <u>WILLIAMS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 1 1957</u>
-------------------------------------	---------------------------	-------------------------	---------------------------	---

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 24 1882</u>	9. AGE (in years last birthday) <u>75</u>	IF UNDER 1 YEAR Days <u>6</u>	IF UNDER 24 HRS. Hours <u>7</u> Min.
-----------------	---------------------------	---	---------------------------------------	---	-------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Homekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Run Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Holden Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>Wm. M. Nichols</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Hanson</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Williams</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>D. B. Nichols</u>	ADDRESS <u>Holden, Mo</u>
---	-------------------------------------	--	---------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningeal Angioma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>		<u>3 yrs</u>
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> 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) <u>443x</u>
--	--	---

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 Sept 11, 1957, to Nov 1, 1957, that I last saw the deceased alive on Nov 1, 1957, and that death occurred at 2 1/2 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>Nov 5 1957</u>
-----------------------------------	-------------------------------	-------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 5 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Homeby Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kingville, Mo</u>
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Nov 4, 1957</u>	REGISTRAR'S SIGNATURE <u>Savannah Crutcher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Grady &amp; Ross</u>	ADDRESS <u>Holden Mo</u>
---	--	--	--------------------------

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

47-6

---

---

**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 *M J Conaday*.....

Licensed Embalmer No. *34*.....

P. O. Address *Helden*.....

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.