

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

400006 STATE FILE NUMBER

FILED DEC 10 1957

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 214

S. 300  
v. 1-57/1

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>CLAY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Trenton</b>		c. CITY OR TOWN <b>Excelsior Springs</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1617 Lulu</b>		d. STREET ADDRESS (If outside, give location) <b>1617 Lulu</b>	
3. NAME OF DECEASED (Type or print) First <b>CORA</b> Middle <b>Belle</b> Last <b>Williams</b>		4. DATE OF DEATH Month <b>Dec</b> Day <b>30</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 13, 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Green Castle, MO</b>
13a. FATHER'S NAME <b>David Stone King</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Mc Coy</b>	14. NAME OF HUSBAND OR WIFE <b>Chas Williams (Dec)</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs John Coffman Trenton, MO</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Exact Cause of Death Not Known</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>7851</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Enlarged Liver - Extreme Headache - Nausea Vomiting</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
21c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from _____ and last saw her alive on <b>11-30-57</b> Death occurred at <b>11-30-57 12-1-57 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Mrs J. Gordon</b> (Degree or title)		22b. ADDRESS <b>Trenton, MO</b>	22c. DATE SIGNED <b>11-30-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12/4/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LAWSON CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>LAWSON MO</b>
24. FUNERAL DIRECTOR <b>J. Gordon</b> ADDRESS <b>13 Backmoor Trenton, MO</b>		25. DATE RECD. BY LOCAL REG. <b>12-30-57</b>	26. REGISTRAR'S SIGNATURE <b>Jane Fair</b>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 28 1958

JUN 3 1958

JAN 9 1958

JUN 1 8 1958

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 *Claude H. Crawford*

Licensed Embalmer No. *4986*  
P. O. Address *Denton, 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.