

STANDARD CERTIFICATE OF DEATH

State File No. **40934**

FILED DEC 9 - 1957

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>4256</u>		Registrar's No. <u>45</u>		
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 (If outside corporate limits, write RURAL and give township) <u>HOLDEN</u>		c. LENGTH OF STAY (In this place) <u>6 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HOLDEN</u>		d. STREET ADDRESS (If rural, give location) <u>HOLDEN MISSOURI</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DITTON RETIREMENT HOME</u>				d. STREET ADDRESS (If rural, give location) <u>HOLDEN MISSOURI</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>C.</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 23 1957</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOV 12 1891</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u>11</u> Min.
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>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>DANIEL D. LAUGHMAN</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET CALWELL N. RALPH WILLIAMS</u>		14. NAME OF HUSBAND OR WIFE <u>LEE'S SUMMIT MO</u>			
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>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>IRA W. SHAFER</u>				ADDRESS <u>LEE'S SUMMIT MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential hypertension</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND 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>447X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 15, 1953</u> , to <u>11-23-</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>11-22-57</u> , 19 <u>57</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>G.W. Smoland</u>			23b. ADDRESS <u>Holden, Mo</u>		23c. DATE SIGNED <u>11-24-57</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-26-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HLL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>WARRENSBURG MO</u>			
DATE REC'D BY LOCAL REG. <u>12-5-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. H.P. Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Canada Hosp Holden Mo</u>		ADDRESS		

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
Student Embalmer

Signed *M. J. Canaday*

Licensed Embalmer No. 3434

P. O. Address Helden, 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 this body is not embalmed, fact should be so stated above.