Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-038590
STATE FILE NUMBER

FILED OCT 29 1958 Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY OR TOWN Dexter — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence — Length of stay in Hospital
d. STREET ADDRESS (If outside, give location) 5 No. Park Lane — Reside on Farm Yes [ ] No [X]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Dexter — Inside Limits Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First Lillie Middle May Last Williams

4. DATE OF DEATH Month Oct. Day 18 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Oct. 20, 1866
9. AGE (In years last birthday) 91 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired House-keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Jersey County, Ill.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Nathan Swann
13b. MOTHER'S MAIDEN NAME Mary Ann - - -
14. NAME OF HUSBAND OR WIFE Louis R. Williams (Dec'd)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Fae Douglass, Address Dexter, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Stasis Pneumonia of Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial insufficiency + — 3 years
DUE TO (c) Arteriosclerosis 4221
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 June 1948, to Oct. 18, 1958 and last saw her alive on Oct. 18, 1958
Death occurred at 3:05 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. H. Poe (Degree or title) LDS
22b. ADDRESS Dexter, Missouri
22c. DATE SIGNED 10-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-21-58
23c. NAME OF CEMETERY OR CREMATORY Memorial Park
23d. LOCATION (City, town, or county) St. Louis, (State) Missouri

24. FUNERAL DIRECTOR Strickland-Rainey, ADDRESS Dexter, Mo.
25. DATE RECD. BY LOCAL REG. 10-23-58
26. REGISTRAR'S SIGNATURE Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

NOV 21 1958

NOV 18 1958

NOV 18 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 Lucille L. Ransey

Licensed Embalmer No. 4983

P. O. Address Dexter, 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.