

FILED JUL 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20310

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 88

68

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

1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>California</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, South Moniteau</b>	
c. LENGTH OF STAY (In this place) <b>4 hours</b>		d. STREET ADDRESS (If rural, give location) <b>5 Miles South Clarksburg</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Latham Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Maggie</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>Williams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May, 29, 1949</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>12/20/1865</b>
9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 2 HRS. Hours <b>0</b> Min. <b>0</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>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Moniteau County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Washington Robertson</b>		13b. MOTHER'S MAIDEN NAME <b>Mermannia Stinson</b>	14. NAME OF HUSBAND OR WIFE <b>Wilson Williams (Deceased)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lewis Williams (Son) Clarksburg, Mo</b>	
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 INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>			<b>2 yrs.</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Shock following fracture hip</b>			<b>1 day</b>
DUE TO (c)			<b>59030</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>20</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Clarksburg Moniteau Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 28 1949 8 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fell on floor &amp; broke hip 68</b>	
22. I hereby certify that I attended the deceased from <b>March 4, 1949</b> , to <b>May 29, 1949</b> , that I last saw the deceased alive on <b>May 29, 1949</b> , and that death occurred at <b>3 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Kenneth Latham M.D.</b>		23b. ADDRESS <b>California, Mo</b>	23c. DATE SIGNED <b>5-29-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/31/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Moniteau County, Missouri</b>
DATE REC'D BY LOCAL REG. <b>6-2-49</b>	REGISTRAR'S SIGNATURE <b>H.R. Popesay</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Samuel E. Richards</b>	ADDRESS <b>Sipton, Mo</b>

(License Embellished Statement on Reverse Side)

RECEIVED JUL 8 1949  
District Health Officer No. 9  
District File Number

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.

Signed.....  
Student Embalmer

Signed

*Jessie E. Richards*

Licensed Embalmer No. *2466*

P. O. Address *Dipton, 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.