

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

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

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, South Moniteau	
c. LENGTH OF STAY (In this place) 4 hours		d. STREET ADDRESS (If rural, give location) 5 Miles South Clarksburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION Latham Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Maggie b. (Middle) Elizabeth c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) May, 29, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12/20/1865
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Moniteau County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Washington Robertson		13b. MOTHER'S MAIDEN NAME Mermannia Stinson	14. NAME OF HUSBAND OR WIFE Wilson Williams (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Lewis Williams (Son) Clarksburg, Mo	
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) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shock following fracture hip 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clarksburg Moniteau Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 28 1949 8 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell on floor & broke hip 68	
22. I hereby certify that I attended the deceased from March 4, 1949 , to May 29, 1949 , that I last saw the deceased alive on May 29, 1949 , and that death occurred at 3 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Kenneth Latham M.D.		23b. ADDRESS California, Mo	23c. DATE SIGNED 5-29-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/31/49	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	24d. LOCATION (City, town, or county) (State) Moniteau County, Missouri
DATE REC'D BY LOCAL REG. 6-2-49	REGISTRAR'S SIGNATURE H.R. Popesay	F. FUNERAL DIRECTOR'S SIGNATURE Samuel E. Richards ADDRESS Linton, Mo	

(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

Jesse E. Richards

Licensed Embalmer No. *2466*

P. O. Address *Tipton, 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.