

BUREAU OF THE CENSUS
FILED JAN 12 1948

128

Registration District No. _____

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5465

State File No. 41442

Registrar's No. 1701

1. PLACE OF DEATH:

- (a) County: GREENE
(b) City or town: Springfield, Mo. R. 1 Box 300
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Paul Campbell Foundation, Inc.
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution none (Specify whether)
In this community _____
years, months or days)

3. (a) PRINT

FULL NAME Dickie Noble Williams

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Thomas Adams 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased May - 31 - 1864
(Month) (Day) (Year)

- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 83 | 6 | 18 | hr. min. |

9. Birthplace Brighton, Polk County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Rapey Rural Home

- (12. Name Alexander Fender 1

13. Birthplace Leavenworth, Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Martha Wallis

15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant John Jones

- (b) Address Wahpet Iron Co 113

17. (a) Burial (b) Date thereof Dec 21-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial ~~information~~ *Quinton, Mo. Council*

18. (c) Signature of funeral director..... James G. Arino

- (b) Address Walsh Iron Works

19. (a) Nov-19-1947
(Date received local registrar)
(b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jack
(c) City or town Warrent Glen Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Jackson Township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1947 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec. 5, 1947 to Dec. 19, 1947.
that I last saw him alive on Dec. 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
.....	

Chronic degenerative
cardiovascular
Due to disease 14x?

Due to Terminal gangrene
Extremities

Other conditions:
(include pregnancy within 3 months of death)

Major findings:
Of operations..... 25

Of autopsy _____ which death should be

42. If death was due to external causes, fill in the following:
- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) ✓
(e) Means of injury

23. Signature [Signature] (Print name or other) 24-10
Address 1630 34 Colburn Date signed 12-23

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Rex Miller....., Registered Apprentice No. 459
working under my personal supervision.

Signed Gene A. Bonn.....

Licensed Embalmer No. 2664.....

P. O. Address Walnut Grove 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.