

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH1755
State File No.

Registration District No. 287

Primary Registration District No. 5758

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Maries

(b) City or town Dixon (Star Route) Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
All Life (Specify whether)

In this community years, months or days

3. (a) PRINT Walter Williams
FULL NAME3. (b) If veteran No 3. (c) Social Security No. No
name war

4. Sex M 5. Color or W race

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Delila Ann Williams 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 1 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>20</u>	hr. min.

9. Birthplace Dixon Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farming

11. Industry or business

12. Name John James Williams13. Birthplace Cole County Missouri
(City, town, or county) (State or foreign country)14. Maiden name Margaret Berry15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Howard Williams(b) Address Dixon R3, Missouri17. (a) Burial (b) Date thereof Jan. 22, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wheeler Cemetery18. (a) Signature of funeral director Iberia Missouri(b) Address 1-25-48 Pauline Howard19. (a) 1-25-48 (b) Pauline Howard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries

(c) City or town Dixon (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1948 hour 13 minute 00 A.M.21. I hereby certify that I attended the deceased from Jan 7
1948 to Jan 20 1948;that I last saw him alive on Jan 20 1948;
and that death occurred on the date and hour stated above.Immediate cause of death Myocardial infarct Duration 24 hrs.Due to Chronic myocarditis with myocardial infarct yearsDue to Chronic myocarditis with myocardial infarct yearsOther conditions Arteriosclerosis years
(Include pregnancy within 3 months of death)Major findings: Of operations 92BOf autopsy 92B

22. 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? (Specify type of place)

While at work? (Specify type of place) Means of injury 223. Signature Wm. A. Gould (M. D. or other) DOAddress Marion Mo Date signed 1/21/48

RECEIVED
District Health Officer No. 9,
District File Number
FEB 2 1948
Date Filed

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 _____
Walter P. Hedger, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.