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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 37261

Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 53

**1. PLACE OF DEATH:**

(a) County Lincoln

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 6 years.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lincoln 57 2 0 0

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

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

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

If yes, name country

3. (a) PRINT FULL NAME DUNCAN ALEXANDER WILLIAMS

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex MD

5. Color or race W

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

6. (b) Name of husband or wife May Williams

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Feb (Month) 20 (Day) 1864 (Year)

8. AGE: Years 84 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Auburn (City, town, or county) Missouri (State or foreign country)

10. Usual occupation (Ref) [redacted] Farmer

11. Industry or business

FATHER
12. Name Romulus Williams
13. Birthplace Auburn Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Ellis
15. Birthplace Auburn Mo. (City, town, or county) (State or foreign country)

16. (a) Informant May Williams
(b) Address Troy Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Troy Cemetery

18. (a) Signature of funeral director Wayne McCoy
(b) Address Troy Mo

19. (a) Dec 4 1948 (Date received local registrar) Emma Riddle (Registrar's signature) 1622

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month DEC day 1
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from Dec 1, 1948 to Dec 1, 1948 that I last saw him alive on Dec 1, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Acute Coronary Thrombosis | 1 hr. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy 940 | |

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? (e) Means of injury

23. Signature J C Clerech (M. D. or other) MD
Address Troy Mo Date signed 12/2/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed DEC 7 1948

**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..... Registered Apprentice No....., working under my personal supervision.

Signed Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy 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.