FILED JAN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 173

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (In this place): 18 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Granau Convalescent Home 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone 10
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia 3
d. STREET ADDRESS (If rural, give location): Route 5 1

3. NAME OF DECEASED (Type or Print)
a. (First): ALMEDA
b. (Middle): EASTER
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): Jan. 8, 1949

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 26, 1870
9. AGE (In years last birthday): 78 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kentland, Indiana. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Andrew Haney
13b. MOTHER'S MAIDEN NAME: Easter Darst
14. NAME OF HUSBAND OR WIFE: Otto Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mr. A.E. Williams, Route 5, Columbia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) essential hypertension — years

DUE TO (c) generalized arteriosclerosis — years

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: 23 DA 331K
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 0

22. *I hereby certify that I attended the deceased from* Sept, 1948, *to* Jan 8, 1949, *that I last saw the deceased alive on* Jan 3, 1949, *and that death occurred at* 4A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles A. Leech Jr M.D.
23b. ADDRESS: Columbia, Mo.
23c. DATE SIGNED: 1-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 9, 1949
24c. NAME OF CEMETERY OR CREMATORY: Highland Cemetery
24d. LOCATION (City, town, or county) (State): Winfield, Kansas.

DATE REC'D BY LOCAL REG.: Jan 8 - '49
REGISTRAR'S SIGNATURE: Mrs. R.E. Palmer 31 0
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Parker Funeral Service, Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
JAN 21 1949
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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Chas L Bassing

Licensed Embalmer No. 4132

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.