

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4664**

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>219</u>	
1. PLACE OF DEATH a. COUNTY <u>Brandy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Brandy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jrenton</u>			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Jrenton</u>			4. STREET ADDRESS (If rural, give location) <u>1420 Main</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1420 Main</u>				d. STREET ADDRESS (If rural, give location) <u>1420 Main</u>			
3. NAME OF DECEASED (Type or Print) <u>LODUSCA</u>		a. (First)		b. (Middle) <u>RICE</u>		c. (Last) <u>WILLIAMS</u>	
4. DATE OF DEATH <u>March 5 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Aug 29, 1895</u>		9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>6</u>		11. DAYS <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>LIVINGSTON CO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN P RICE</u>		13b. MOTHER'S MAIDEN NAME <u>EMERINE HUTCHISON</u>		14. NAME OF HUSBAND OR WIFE <u>W. H. WILLIAMS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Williams</u>			
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) <u>Arterio Sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 or 3 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>0</u>		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 10, 1949</u> to <u>Feb 5, 1949</u> , that I last saw the deceased alive on <u>Feb 5, 1949</u> , and that death occurred at <u>7:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. A. Duffy M.D.</u>				23b. ADDRESS <u>Jrenton Mo</u>		23c. DATE SIGNED <u>Feb 7 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 7, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WHEAT CROVE</u>		24d. LOCATION (City, town, or county) (State) <u>Jrenton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 2-1949</u>		REGISTRAR'S SIGNATURE <u>Gene Jarr</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond A. Davis</u>		ADDRESS <u>Jrenton Mo</u>	

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Rollin S. Richardson

Student Embalmer No. 271

working under my personal supervision.

Signed Rollin S. Richardson
Student Embalmer

Signed

Walter E. Meyer

Licensed Embalmer No. 44910

P. O. Address

Jrenton 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.