

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11628

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5125 Registrar's No. 465

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Halls, Rural -Center)		c. CITY (If outside corporate limits, write RURAL and give township) Halls, (rural) Center Twsp.	
c. LENGTH OF STAY (in this place) 40 yrs		d. STREET ADDRESS (If rural, give location) R.F.D. # 2, Halls, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION IRFD #2, /			

3. NAME OF DECEASED (Type or Print)	a. (First) Benton	b. (Middle) M.	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year)	4 22 1949
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5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-3-1888	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Birdtown, Tennessee /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME F.M. Williams	13b. MOTHER'S MAIDEN NAME Mary Huff	14. NAME OF HUSBAND OR WIFE Bertha Williams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Williams, Halls, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 11/20 DUE TO (c) Man died suddenly while working, planting potatoes, He had complained of some recent pains in his left chest and a headache, but had no recent illness or disability			
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I viewed the deceased from on 4/22, 1949 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00P m., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy MD (Coroner)	3 (Degree or title)	23b. ADDRESS St. Joseph, Mo. 404 So. 3d. St.	23c. DATE SIGNED 4/23/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-24-1949	24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	24d. LOCATION (City, town, or county) (State) Halls, Missouri
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DATE REC'D BY LOCAL REG. April 25, 1949	REGISTRAR'S SIGNATURE E. C. Jenkins 382	FUNERAL DIRECTOR'S SIGNATURE John E. Cripps St. Joseph Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, Mo.*

Signed _____
Student Embalmer

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.