

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

12878
 State File No.

49
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BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 800 Registrar's No. 170

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY JASPER	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (in this place) 30yrs.	a. STATE MISSOURI	b. COUNTY JASPER
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S			d. STREET ADDRESS (If rural, give location) 1405 Missouri		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) EVA	b. (Middle) FHARMAN	c. (Last) WILLIAMS	4	8	49
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 2, 1895	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Weir City, Kansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. Knisal	13b. MOTHER'S MAIDEN NAME Myrtle Grimsley	14. NAME OF HUSBAND OR WIFE Lionel Williams
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lionel Williams Joplin, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) diabetic coma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) diabetes mellitus DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Tumor in upper right mediastinum, type unknown			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)	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 4-6-1949, to 4-8-1949, that I last saw the deceased alive on 4-8-1949, and that death occurred at 6:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. P. Runey M.D.	23b. ADDRESS Missouri Joplin, Mo.	23c. DATE SIGNED 4-11-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-12-49	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial
DATE REC'D BY LOCAL REG. 4-12-49		24d. LOCATION (City, town, or county) (State) Joplin Mo.
REGISTRAR'S SIGNATURE H. S. James		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary, Joplin, Mo.

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.

Student _____
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 5319

P. O. Address Joplin 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.