

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20025

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 3029		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) Crystal City		c. LENGTH OF STAY (in this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) Crystal City 50		d. STREET ADDRESS (If rural, give location) 119 Maple Street	
3. NAME OF DECEASED (Type or Print) Bertha Jane Williams				4. DATE OF DEATH May 10, 1949			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		8. DATE OF BIRTH Jan. 27, 1884	
9. AGE (In years last birthday) 65		10. MONTHS 3		11. BIRTHPLACE (State or foreign country) Crystal City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Crystal City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Newton Williams		13b. MOTHER'S MAIDEN NAME Julia Ann Cook		14. NAME OF HUSBAND OR WIFE Edgar H. Williams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Jones, Crystal City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension and DUE TO (c) Cardiac Insufficiency II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days 6 years 334X	
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) (Min.)		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 Sept 1943 to May 10, 1949, that I last saw the deceased alive on May 10, 1949, and that death occurred at 2:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Lawrence York MD				23b. ADDRESS Crystal City Mo		23c. DATE SIGNED May 12/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 13, 1949		24c. NAME OF CEMETERY OR CREMATORY Gamel		24d. LOCATION (City, town, or county) (State) Festus, Missouri	
DATE REC'D BY LOCAL REG. 5/12/49		REGISTRAR'S SIGNATURE (Lester Bellville)		FUNERAL DIRECTOR'S SIGNATURE (Dwight R. Tawille)		ADDRESS Crystal City, Mo.	

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

50

RECEIVED

District Health Officer No. 9,

District File Number

JUN 1 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. 245

working under my personal supervision.

Signed Ferd Lang
Student Embalmer

Signed James R. Parille

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.