

**STANDARD CERTIFICATE OF DEATH**

THE DIVISION OF HEALTH OF MISSOURI

State File No. **32672**

**FILED SEP 30 1949**

No. 300  
10.48

97

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

BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>687</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. Slater, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. Slater</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>Sophia</u>			b. (Middle) <u>M.</u>		c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18-1949</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>Sept. 2, 1870</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Days <u>0</u>	11. UNDER 12 HRS. Hours <u>16</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry Vornold</u>			13b. MOTHER'S MAIDEN NAME <u>Sophia Miller</u>		14. NAME OF HUSBAND OR WIFE <u>widow</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tony Vornold Slater, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Insulted kidneys</u> DUE TO (c) <u>arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> <u>?</u> <u>?</u> <u>4 22/1</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</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) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>July 20</u> , 19 <u>48</u> , to <u>Sept. 17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept. 17</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H.E. Letcher, M.D.</u>				23b. ADDRESS <u>Slater Mo</u>		23c. DATE SIGNED <u>9-19-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/20/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glasgow Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Glasgow, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/20/49</u>		REGISTRAR'S SIGNATURE <u>Ms. Earl C. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Brothers, Slater</u>		ADDRESS <u>Mo.</u>	

RECEIVED SEP 27  
District Health Officer No. 2,  
District File Number  
Date Filed 9-28-49

**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 Sam M Hill  
Licensed Embalmer No. 1292  
P. O. Address State 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.