

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40659

State File No.

FILED JAN 4 1950

BIRTH NO. REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5336 Registrar's No. 110

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

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Center twp</u>	c. LENGTH OF STAY (In this place) <u>14 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Center twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 mi N. of Greenfield</u>		d. STREET ADDRESS (If rural, give location) <u>4 1/2 mi N. of Greenfield</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Thomas</u> c. (Last) <u>WILLIAMS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 11 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 6, 1857</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>92 9 5</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Freewill Baptist</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John T. Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Melvina Rogers</u>	14. NAME OF HUSBAND OR WIFE <u>Zilpah Hackett Williams</u>
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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) <u>No</u> <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sherman Harper</u>	ADDRESS <u>Star R1, Greenfield, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility, 2d Arterio Sclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>332X</u>	

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) (Min.)	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 attended the deceased from 12-9-, 1949, to 12-11-, 1949, that I last saw the deceased alive on 12-11, 1949, and that death occurred at 4:50 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>T. D. Combs</u> (Design or title)	23b. ADDRESS <u>Lockwood Mo</u>	23c. DATE SIGNED <u>12-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 14, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Dade County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-15-49</u>	REGISTRAR'S SIGNATURE <u>Geo L. Weir 790</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u>	ADDRESS <u>Greenfield, Mo.</u>
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RECEIVED DEC 20 1949
District Health Office No. 6,
District File Number 1249 1421
Date Filed DEC 29 1949

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 _____

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working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed J. C. Canada
Licensed Embalmer No. 4196
P. O. Address Greenfield, 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.