

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

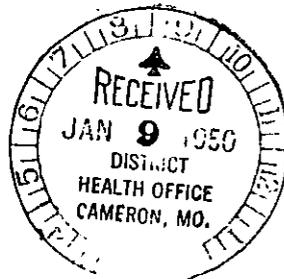
**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**43661**

State File No. ....

**FILED JAN 18 1950**

BIRTH NO. ....		REG. DIST. NO. <u>135</u>		PRIMARY REG. DIST. NO. <u>5497</u>		Registrar's No. <u>10</u>			
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Eagleville, Harrison</u> b. COUNTY <u>0410</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eagleville, Mo.</u>		c. LENGTH OF STAY (In this place) <u>12 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eagleville Mo.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Eric</u>		c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-23-1949</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>2-16, 1769</u>			
				9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>mechanic</u>		11. BIRTHPLACE (State or foreign country) <u>States 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Josephus</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Gay</u>		14. NAME OF HUSBAND OR WIFE <u>Itha Williams</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: <u>Mrs. Chas Lowe Bethany, 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, asthma, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary sclerosis</u>				<u>Arteriosclerosis</u>				<u>1 yr</u>	
ANTECEDENT CAUSES				DUE TO (b) <u>senility</u>				<u>10 yrs</u>	
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				<u>420d</u>	
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) m.		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 <u>7-9, 1949</u> to <u>7-23, 1949</u> that I last saw the deceased alive on <u>7-23, 1949</u> , and that death occurred at <u>3:15</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Donald M. DO</u>				23b. ADDRESS <u>Lamar Cr</u>		23c. DATE SIGNED <u>7-26-49</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>Eagleville Mo.</u>			
DATE REC'D BY LOCAL REG. <u>July 25-1949</u>		REGISTRAR'S SIGNATURE <u>Levi Brewer 1B</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SWANSON</u>		ADDRESS <u>Bethany Mo.</u>			



**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. 1078

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

L. M. Haas  
Licensed Embalmer No. 1078

P. O. Address Bethany, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.