

FILED FEB 27 1950 STANDARD CERTIFICATE OF DEATH

State File No. 5691

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 70	
1. PLACE OF DEATH a. COUNTY PETTIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. LENGTH OF STAY (in this place) 2 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		0854	
d. FULL NAME OF HOSPITAL OR INSTITUTION BOTHWELL MEMORIAL HOSPITAL				d. STREET ADDRESS (If rural, give location) 701 WEST 2nd			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First) W		c. (Last) WILLIAMS		4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1950	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 29, 1872	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) California, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James E. Williams		13b. MOTHER'S MAIDEN NAME Mary E. Grey		14. NAME OF HUSBAND OR WIFE Agnes E. 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray Williams, Wilkerson Ave, Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial infarction</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>				INTERVAL BETWEEN ONSET AND DEATH 3 days 3 yrs. 7824	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-17, 1947, to 2-18, 1950, that I last saw the deceased alive on 2-17, 1950, and that death occurred at 7:20 A.M., from the causes and on the date stated above.							
23a. SIGNATURE <i>C.B. O'Neill M.D.</i>		(Degree or title)		23b. ADDRESS <i>1848 Lined St. Sedalia, Mo</i>		23c. DATE SIGNED <i>2-18-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 20, 1950		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Mo	
DATE REC'D BY LOCAL REG. 2-20-50		REGISTRAR'S SIGNATURE <i>A. J. Campbell M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Dr. W. W. Dechart</i>		ADDRESS Sedalia, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.