

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13717

BIRTH NO.		REG. DIST. NO. 167		PRIMARY REG. DIST. NO. 3040		Registrar's No. 83		
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston				
b. CITY OR TOWN Phillisville		c. LENGTH OF STAY (in this place) 2 wks		c. CITY OR TOWN Phillisville		7592		
d. FULL NAME OF HOSPITAL OR INSTITUTION Co Cherry St.				d. STREET ADDRESS (If rural, give location) 1116 Webster St. 0				
3. NAME OF DECEASED (Type or Print) Katherine Wright Williams			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH April 16 1950		(Month)		(Day)		(Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 29 1873		
9. AGE (in years last birthday) 76		10. MONTHS 11		DAYS 17		IF UNDER 1 YEAR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Livingston Co, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME A.S. Moseley			13b. MOTHER'S MAIDEN NAME Frances Gutheridge			14. NAME OF HUSBAND OR WIFE William F. Williams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Bertis Williams				
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) Myocardial degeneration					INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arterio sclerosis with hypertension					10 yrs	
DUE TO (c)							443X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		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 Dec 24, 1946, to April 16, 1950, that I last saw the deceased alive on April 16, 1950, and that death occurred at 9:30 A.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. W. Carpenter M.D.				23b. ADDRESS Phillisville, Mo		23c. DATE SIGNED 4-17-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 18 1950		24c. NAME OF CEMETERY OR CREMATORY Edgewood		24d. LOCATION (City, town, or county) (State) Phillisville, Mo		
DATE REC'D BY LOCAL REG. 4/17/50		REGISTRAR'S SIGNATURE Frances B. Miller		FUNERAL DIRECTOR'S SIGNATURE Donald Gordon		ADDRESS Phillisville, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

592

AUG 07 1950



MAY 1 01950

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 Donald Jordan

Licensed Embalmer No. 4491

P. O. Address Phillipate, 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.