No. 300
10-48

FILED JUN 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16147

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrisonville
c. LENGTH OF STAY (in this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrisonville
d. STREET ADDRESS (If rural, give location) 1007 Green St.

3. NAME OF DECEASED (Type or Print) a. (First) Julia Florence b. (Middle) c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year) May 20-1950

5. SEX Fe
6. COLOR OR RACE Wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan 15 1879
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 4 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Barton Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME William Cummins
13b. MOTHER'S MAIDEN NAME Jennie Hiland
14. NAME OF HUSBAND OR WIFE Elmer Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Reuben Williams
ADDRESS Harrisonville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive & Arteriosclerotic Heart Disease — 331 X

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)
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* Aug 1947, *to* May 20, 1950, *that I last saw the deceased alive on* May 19, 1950, *and that death occurred at* 7 Am. *from the causes and on the date stated above.*

23a. SIGNATURE J. B. Barger MD (Degree or title)
23b. ADDRESS Harrisonville, Mo
23c. DATE SIGNED May 22/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 22, 1950
24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge
24d. LOCATION (City, town, or county) Harrisonville (State) Mo

DATE REC'D BY LOCAL REG. May 22, 1950
REGISTRAR'S SIGNATURE Laura J. Jones
25. FUNERAL DIRECTOR'S SIGNATURE Harrisonville Mo ADDRESS

(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 Floyd A. Bunson

Licensed Embalmer No. 3920

P. O. Address Harrisonville 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.