

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

17521

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5773 Registrar's No. 29

0650  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Morgan Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Princeton 0650</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Mercer Co. Rest Home</b>			

3. NAME OF DECEASED a. (First) <b>Grace</b> b. (Middle) <b>Florence</b> c. (Last) <b>Williams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-28-50</b>	
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>	8. DATE OF BIRTH <b>June 8, 1872</b>	9. AGE (in years last birthday) <b>77</b>	10. UNDER 1 YEAR Months <b>10</b> Days <b>18</b>	11. UNDER 18 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Squire Garner Day</b>		13b. MOTHER'S MAIDEN NAME <b>Alpha Melasa Reed</b>		14. NAME OF HUSBAND OR WIFE	
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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) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE AND NAME <b>Harry Williams Harris, Mo</b>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>alcoholic poisoning</b>				<b>4 days</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>senile dementia</b>				<b>7 1/2 days</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)				<b>11 1/2 days</b>	

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) <b>?</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Princeton, Mercer Co., Mo</b>	
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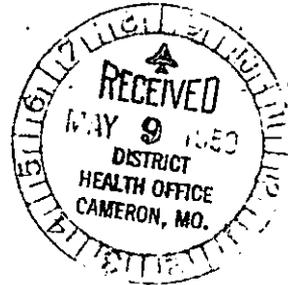
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fall</b>	
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22. I hereby certify that I attended the deceased from **April 27, 1950** to **April 28, 1950** that I last saw the deceased alive on **April 25, 1950**, and that death occurred at **11 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lawrence M. ...</b>		(Degree or title)		23b. ADDRESS <b>Princeton, Mo.</b>		23c. DATE SIGNED <b>Apr 29-50</b>	
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24a. BURIAL CREMATION (Specify) <b>burial</b>		24b. DATE <b>4-30-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Princeton</b>		24d. LOCATION (City, town, or county) (State) <b>Princeton, Mercer Co., Mo</b>	
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DATE REC'D BY LOCAL REG <b>4-30-50</b>		REGISTRAR'S SIGNATURE <b>M. ...</b>		393		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Noel Moss Princeton, Mo</b>	
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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 Me

working under my personal supervision.

Student Embalmer No. ....

Signed [Signature]

Signed.....

Student Embalmer

Licensed Embalmer No. 2634

P. O. Address [Signature]

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.