

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19524

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 308

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>839 Westminster Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Cartley</u> c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH <u>1872</u>	
9. AGE (Last birthday) <u>78 yrs. 10 m.</u>		9. AGE (Last birthday) IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State Hospital</u>	
11. BIRTHPLACE (State or foreign country) <u>Callaway Co. Mo.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>George Cartley</u>	13b. MOTHER'S MAIDEN NAME <u>Dr.</u>	14. NAME OF HUSBAND OR WIFE <u>Julia</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-30-7679</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Williams</u>		ADDRESS <u>Fulton Mo</u>
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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) <u>Ch. Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. arteriosclerosis</u> DUE TO (c) <u>both hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>443X</u>
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"/>
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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 <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 6/4, 1949 to 6/16, 1950, that I last saw the deceased alive on 6/15, 1950, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. J. Wood MD</u>	(Degree or title)	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>6/19/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>June 19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>South Side</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 19-1950</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ch. Bell</u>	ADDRESS <u>Fulton, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 26 1956  
District Health Officer (Mr. S.)  
District File Number

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Eli Bell*

Signed.....

Student Embalmer

Licensed Embalmer No. *2130*

P. O. Address *Tulton, 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.