

FILED JUL 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

0390 19956  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **603**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dreux</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>17 weeks</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fair Grove (1st. Jackson Township)</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2 Miles S of Fair Grove</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Vera</b> b. (Middle) <b>Ann</b> c. (Last) <b>Williams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 3, 1950</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 3, 1897</b>
9. AGE (In years last birthday) <b>52</b>		10. UNDER 1 YEAR Months <b>11</b> Days <b>0</b>	11. IF UNDER 1 MIN. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work (done during most of working life, even if retired) <b>House Keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	11. BIRTHPLACE (State or foreign country) <b>Rock County Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>James Hallis</b>	
13b. MOTHER'S MAIDEN NAME <b>Mae Wilson</b>		14. NAME OF HUSBAND OR WIFE <b>Alvin P. Williams</b>	
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>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Alvin P. Williams</b>		ADDRESS <b>Fair Grove, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma of colon</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 year.</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 DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>153X</b>
19a. DATE OF OPERATION <b>3/20/50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Diffuse sebic and intestinal metastases.</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <b>March 10, 1950</b> , to <b>July 3, 1950</b> , that I last saw the deceased alive on <b>July 3, 1950</b> , and that death occurred about <b>2:00</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>John P. Ferguson</b>		23b. ADDRESS <b>609 Cherry St Springfield Mo</b>	
23c. DATE SIGNED <b>7/3/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 5, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Rock Prairie Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield Mo</b>	
DATE REC'D BY LOCAL REG. <b>7-5-50</b>		REGISTRAR'S SIGNATURE <b>W E Landry</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W E Landry</b>		ADDRESS <b>111 Pleasant Hope</b>	

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

0396  
0

**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.

Signed Edward B. Erwin

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Balimore, 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.