

FILED JUL 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20885

87

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 87

06120

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

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MACON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MACON</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MACON</u>	0612
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SAMARITAN</u>		d. STREET ADDRESS (If rural, give location)	0

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLEN</u> b. (Middle) _____ c. (Last) <u>WILLIAMS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-26-50</u>
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5. SEX <u>FEMALE</u>	6. COLOR, OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>4-10-54</u>	9. AGE (In years last birthday) <u>96</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOMESTIC</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>4 CARDIFF SO. WALES</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Eli HOWELL</u>	13b. MOTHER'S MAIDEN NAME <u>MARY HAVY</u>	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) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Owen Evans</u> ADDRESS <u>MACON 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pathological Fracture RT Femur</u>		<u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Osteoporosis</u> DUE TO (c) <u>unknown</u>		<u>9 1/2 hrs</u>
II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis Ob</u>		<u>Arteriosclerosis Ob</u>	

19a. DATE OF OPERATION <u>6-20-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Reductio Fracturae + application cast</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MACON MACON MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 20 50 7:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Twisted leg in Bed</u>
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22. I hereby certify that I attended the deceased from 3-11 1950, to 6-26 1950 that I last saw the deceased alive on 6-26 1950, and that death occurred at 9 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>MACON MO</u>	23c. DATE SIGNED <u>9-3-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HANTSVILLE, PEN. HANTSVILLE</u>	24d. LOCATION (City, town, or county) (State) <u>MACON MO</u>
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DATE REC'D BY LOCAL REG. <u>7-7-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Edwards</u> ADDRESS <u>Bevier MO</u>
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RECEIVED 7-10-50
MACON COUNTY HEALTH DEPARTMENT
County File No.7-50-137
Date Filed7-13-50.....

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 *J. S. Edwards*

Licensed Embalmer No. *1961*

P. O. Address *Brewer 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.