

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21153

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 214			
1. PLACE OF DEATH a. COUNTY <i>Pettis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Benton</i>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Sedalia</i>		c. LENGTH OF STAY (in this place) <i>9 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural 0080</i>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>130 E. 16th</i>				d. STREET ADDRESS (If rural, give location) <i>South of Cole Camp, Mo</i>					
3. NAME OF DECEASED (Type or Print) <i>THERESA LUMPER WILLIAMS</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>June 5 - 1950</i>					
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Oct 30 - 1865</i>			
9. AGE (in years last birthday) <i>84</i>		10. MONTHS <i>7</i>		11. DAYS <i>3</i>		12. IF UNDER 14 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (State or foreign country) <i>Benton Co Missouri</i>			
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>									
13a. FATHER'S NAME <i>Frederick Lumper</i>				13b. MOTHER'S MAIDEN NAME <i>Theresa Hirschvogel</i>		14. NAME OF HUSBAND OR WIFE <i>C.C. Williams</i>			
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Otto Kheselmann</i> ADDRESS <i>Sedalia Mo</i>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage.</i>  ANTECEDENT CAUSES DUE TO (b) <i>Senility and Arterio- Sclerosis</i> DUE TO (c) <i>Hypertensive Heart Disease</i>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None other.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 hours.</i>  <i>Over 5 yrs.</i>  <i>Over 5 yrs</i>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <i>Medical Treatment only.</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None.</i>		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) <i>None.</i>		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 <i>June 5th, 1950</i> to <i>June 5th, 1950</i> , that I last saw the deceased alive on <i>June 5th, 1950</i> , and that death occurred at <i>8:20 A.M.</i> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Jno. B. Carlisle, M.D.</i>				23b. ADDRESS <i>Jno B Carlisle, Sedalia, Missouri.</i>		23c. DATE SIGNED <i>6-6-50.</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>June 7-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Smithton</i>		24d. LOCATION (City, town, or county) (State) <i>MO</i>			
DATE REC'D BY LOCAL REG. <i>6-7-50</i>		REGISTRAR'S SIGNATURE <i>A. F. Heinegger</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Smithton</i>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 19

District Health Officer No. '8,

District File Number \_\_\_\_\_

Date Filed 7/6/50

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

*A. F. Neumeyer*

Licensed Embalmer No.

*3912*

P. O. Address

*Smithton M.*

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.