

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22678**

BIRTH NO. _____ REG. DIST. NO. **6** PRIMARY REG. DIST. NO. **3001** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia	
c. LENGTH OF STAY (in this place) 60 yrs		d. STREET ADDRESS (If rural, give location) 409 South Jefferson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 409 South Jefferson		e. STREET ADDRESS (If rural, give location) 409 South Jefferson	

3. NAME OF DECEASED (Type or Print) Elizabeth Williams	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 3, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Sep 17, 1863	9. AGE (In years last birthday) 86	if UNDER 1 YEAR Months 9 Days 16	if UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) Cwmbach, Wales	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Thomas Davis	13b. MOTHER'S MAIDEN NAME Mary Davis	14. NAME OF HUSBAND OR WIFE James Williams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Tom Williams ADDRESS Vandalia, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH 8 hrs. 6 yrs. 10 yrs. 331X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis		
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 checked="" 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) m.	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 **Jan 14, 1950**, to **7/3, 1950**, that I last saw the deceased alive on **July 7, 1950**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. R. Dougherty MD	23b. ADDRESS Vandalia, Mo.	23c. DATE SIGNED 7/4/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 5, 1950	24c. NAME OF CEMETERY OR CREMATORY Vandalia, Cemetery	24d. LOCATION (City, town, or county) (State) Vandalia, Missouri
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DATE REC'D BY LOCAL REG. July 5 1950	REGISTRAR'S SIGNATURE Mallie Ferguson	MUNICIPAL DIRECTOR'S SIGNATURE W. Waters ADDRESS Vandalia, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

041

RECEIVED JUL 1 1 1950

District Health Officer No. 10

District File Number 7-50-1107

Date Filed JUL 14 1950

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 Wm. B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.