

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23879

State File No.

FILED AUG 3 1950

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jff.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsboro</u>	c. LENGTH OF STAY (in this place) <u>28 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsboro</u> <u>1500</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hillsboro Mo</u>		d. STREET ADDRESS (If rural, give location) <u>U</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MYRTLE</u>	b. (Middle) <u>-MAY-</u>	c. (Last) <u>WILLIAMS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1950</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>	8. DATE OF BIRTH <u>Feb. 1 1894</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months Days	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) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hillsboro</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Winer</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Burgess</u>	14. NAME OF HUSBAND OR WIFE <u>Edw. M. Williams</u>
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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>Edw. M. Williams</u> ADDRESS <u>Hillsboro</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		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		<u>170X</u>	

19a. DATE OF OPERATION <u>5-12-44</u>	19b. MAJOR FINDINGS OF OPERATION <u>C.A.</u>	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)
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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?
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22. I hereby certify that I attended the deceased from 57, 1944, to 7-48, 1950, that I last saw the deceased alive on 7-17, 1950, and that death occurred at 3p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas E. Faller</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>St. Louis Mo.</u>	23c. DATE SIGNED <u>7-20-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 20 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillsboro Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hillsboro Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-19-50</u>	REGISTRAR'S SIGNATURE <u>Hillea Messer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel B. Dietel</u> ADDRESS <u>St. Louis Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0500

AUG 3 1968

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 7-27-68

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 Samuel B. Smith

Licensed Embalmer No. 4104

P. O. Address Sub to no.

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.