

FILED AUG 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 25748

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 4472 Registrar's No. 32

1. PLACE OF DEATH
 a. COUNTY Saline
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miami
 c. LENGTH OF STAY (in this place) Life
 d. FULL NAME OF HOSPITAL OR INSTITUTION Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE: Missouri b. COUNTY Saline
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miami 0970
 d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED
 (Type or Print) a. (First) Ollie b. (Middle) Belle c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year) July 30, 1950

5. SEX Female

6. COLOR OR RACE Col.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 25, 1878

9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 7 Days 5 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Miami, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Silas Carter

13b. MOTHER'S MAIDEN NAME Lu Luck Stephens

14. NAME OF HUSBAND OR WIFE Harve Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ann Haymore Miami, Mo.

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
 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) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS Had stroke 5-8-50
 Conditions contributing to the death but not related to the disease or condition causing death. Fall - fractured right hip

INTERVAL BETWEEN ONSET AND DEATH
2 hrs
331X6

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-8, 1950, to 7-30, 1950, that I last saw the deceased alive on 7-30, 1950, and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Sullivan M.D.

23b. ADDRESS Miami, Mo.

23c. DATE SIGNED 8/1/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE Aug. 3-50

24c. NAME OF CEMETERY OR CREMATORY Miami Cemetery

24d. LOCATION (City, town, or county) (State) Miami Mo.

DATE REC'D BY LOCAL REG. Aug. 3-50

REGISTRAR'S SIGNATURE Mo. Earl O. Mc...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CAMPBELL-LEWIS-MARSHALL-Mo.

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

RECEIVED ⁸⁻⁷⁻⁵⁰
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-7-50

NOV 2 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

James H. Lewis Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.