

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25969
 Registrar's No. 142

FILED AUG 18 1950

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> <u>3104</u>	
c. LENGTH OF STAY (in this place) <u>3 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>208 Locust St. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Andrew Co. Hospital</u>			
3. NAME OF DECEASED a. (First) <u>PAULINE</u> (Type or Print)		b. (Middle) <u>WILLIAMS</u> c. (Last)	
4. DATE OF DEATH <u>August 3rd 1950</u> (Month) (Day) (Year)			
5. SEX <u>3</u>	6. COLOR OR RACE <u>Female Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>3-13-1911</u>
9. AGE (In years last birthday) <u>39</u>		10. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Private home</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Maud Moore</u>	
14. NAME OF HUSBAND OR WIFE <u>Single</u>			
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. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Willa Pitts</u>		ADDRESS <u>Columbia Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <u>7-10-</u> 19 <u>50</u> , to <u>8-3-</u> 19 <u>50</u> , that I last saw the deceased alive on <u>8-3-</u> 19 <u>50</u> , and that death occurred at <u>4 AM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. J. Ector, M.D.</u> (Degree or title)		23b. ADDRESS <u>Mexico, Mo.</u>	
23c. DATE SIGNED <u>8-5-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-6-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Edmwood</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 6 1950</u>		REGISTRAR'S SIGNATURE <u>Stenche Neely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart P. Parker</u>		ADDRESS <u>Columbia Mo.</u>	

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

0042

RECEIVED

AUG 14 1950

District Health Officer No. 10

District File Number 8-50-1334

Date Filed AUG 17 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, only

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Stuart D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.