

FILED NOV 2 1950

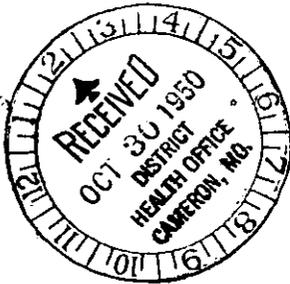
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32522**

0030

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

BIRTH NO. _____		REG. DIST. NO. <b>4</b>	PRIMARY REG. DIST. NO. <b>4017</b>	Registrar's No. <b>56</b>
1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rock Port.</b>		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rock Port.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none</b>		d. STREET ADDRESS <b>none</b> (If rural, give location)		
3. NAME OF DECEASED a. (First) <b>Lydia</b>		b. (Middle) <b>Eugene</b>		c. (Last) <b>Williams</b>
4. DATE OF DEATH (Type or Print)		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>11/18/1865</b>		9. AGE (In years last birthday) <b>84</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Taylor, S.C.</b>
12. CITIZEN OF WHAT COUNTRY? <b>Am.</b>		13a. FATHER'S NAME <b>Wm McKinney</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Bates</b>
14. NAME OF HUSBAND OR WIFE <b>John Williams</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs George Opp.</b>		ADDRESS <b>Rock Port. Mo.</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Dysentery -</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senile.</b> DUE TO (c) <b>Senile</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Breasting. Painful fall.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Fall injury</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Rockport Atchison Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sep. 29-50 9<sup>00</sup> a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell on rising from bed -</b>
22. I hereby certify that I attended the deceased from <b>June 12, 1948</b> , to <b>Oct 12, 1950</b> , that I last saw the deceased alive on <b>Oct 10, 1950</b> , and that death occurred at <b>5 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>J. A. Gray</b>		23b. ADDRESS <b>Watson Mo.</b>		23c. DATE SIGNED <b>Oct 12 1950</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b>		24b. DATE <b>10/13/1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Home Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Atchison Tarkio. Mo.,</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bartholomew Mortuary. Rockport.</b>		ADDRESS
DATE REC'D BY LOCAL REG. <b>Oct 24, 1950</b>		REGISTRAR'S SIGNATURE <b>Marvin N. Schoedel</b>		



**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.

Signed *Brady Benthall* \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3173

P. O. Address Rock Port, 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.