V.S. No. 300
Rev. 10-48

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33854

State File No. _____

0493
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BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 175

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

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARTHAGE MO
c. LENGTH OF STAY (In this place): 4 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 225 Maple St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARTERVILLE, MO 0490
d. STREET ADDRESS (If rural, give location): 415 N. KANE St

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): ANN
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): Oct 16, 1950

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Oct 8, 1860
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 0, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BLAINE KY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: Lewis Williams (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Ossie Williams Jasper 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility with malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 3

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____ — E9030

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fracture left hip — 4 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 049
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): rest home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jasper Jasper Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 19 1950
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: fell on floor

22. *I hereby certify that I attended the deceased from* 9/30, 1950, *to* 10/16, 1950, *that I last saw the deceased alive on* 10/4, 1950 *and that death occurred at* 12:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles F. Isbell M.D.
23b. ADDRESS: 201 W. 3rd, Carthage, Mo
23c. DATE SIGNED: 10/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10/18/50
24c. NAME OF CEMETERY OR CREMATORY: CARTERVILLE Cemetery
24d. LOCATION (City, town, or county) (State): CARTERVILLE Mo

DATE REC'D BY LOCAL REG.: 10-21-50
REGISTRAR'S SIGNATURE: L B Clinton, MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Johnston Arnie Simpson Mortuary West City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-1-50
Jasper County Health Office
County File Number 50-10-791
Date Filed 11-1-50

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 Harvey E. Ance

Signed _____
Student Embalmer

Licensed Embalmer No. 4463

P. O. Address Webb City, 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.