

FILED DEC 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34740

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 402

1. PLACE OF DEATH  
a. COUNTY Marion  
b. CITY (If outside corporate limits, write RURAL and give town or township) Hannibal  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri COUNTY Marion  
c. CITY - (If outside corporate limits, write RURAL and give township) Hannibal  
d. STREET ADDRESS (If rural, give location) 210 Pine St

3. NAME OF DECEASED  
a. (First) Richard b. (Middle) Williams c. (Last) Williams  
4. DATE OF DEATH (Month) (Day) (Year) 11 23 - 50

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH 12-25-1883 9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road 10b. KIND OF BUSINESS OR INDUSTRY Rail Road 11. BIRTHPLACE (State or foreign country) Palmyra Mo 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John Williams 13b. MOTHER'S MAIDEN NAME Emma 14. NAME OF HUSBAND OR WIFE Mrs Henry Thurston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Mrs Henry Thurston ADDRESS

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.  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Thrombosis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. 4201

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 11-17, 1950, to 11-23, 1950, that I last saw the deceased alive on 11-23, 1950, and that death occurred at 1:52 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) Dr. A. W. Fox 23b. ADDRESS Hannibal Mo 23c. DATE SIGNED 11-30-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-25-50 24c. NAME OF CEMETERY OR CREMATORY Robinson Cem. 24d. LOCATION (City, town, or county) (State) Hannibal Mo

DATE REC'D BY LOCAL REG. 12-2-50 REGISTRAR'S SIGNATURE Dr. E. M. Leucke 25. FUNERAL DIRECTOR'S SIGNATURE Geo E Roberts ADDRESS Hannibal Mo

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

0644

12-25-1883

RECEIVED DEC 6 1950  
STATE HEALTH DEPT.  
FILED DEC 7 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Geo. E. Roberts*

Licensed Embalmer No. 2113

P. O. Address Harrisburg 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.