

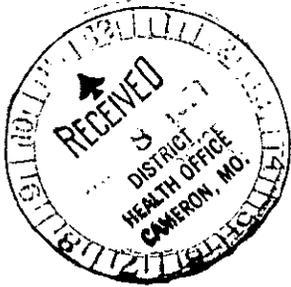
FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40468
Registrar's No. 1

BIRTH NO.		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 5485		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison			
b. CITY OR TOWN Cyrus Twp. - rural		c. LENGTH OF STAY (In this place) 4 mos		c. CITY OR TOWN Cyrus Township		d. STREET ADDRESS (If rural, give location) 8 miles South of Bethany	
3. NAME OF DECEASED (Type or Print) Betha Agnes Williams				a. (First)		b. (Middle)	
4. DATE OF DEATH 12 29 1950		c. (Last)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2		8. DATE OF BIRTH 5-11-1874	
5. SEX Female		6. COLOR OR RACE White		9. AGE (In years last birthday) 76		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sumners Co. W. Va. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Albert Farley		13b. MOTHER'S MAIDEN NAME Mary Donohoe		14. NAME OF HUSBAND OR WIFE Martin 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 Dorothy Klindt, Pattonsburg, 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) Chronic Nephritis INTERVAL BETWEEN ONSET AND DEATH 5 yrs			
				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. 592 X			
19a. DATE OF OPERATION None		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)		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 Sept 1950, to Dec 1950, that I last saw the deceased alive on 12/29, 1950, and that death occurred at 7:05 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. P. S. Baumgardner D.O.				23b. ADDRESS 2 Coffey Mo.		23c. DATE SIGNED 1/30/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1/2/31/50		24c. NAME OF CEMETERY OR CREMATORY Shady Grove		24d. LOCATION (City, town, or county) (State) Bethany - Rural Mo.	
DATE REC'D BY LOCAL REG. 1-3-51		REGISTRAR'S SIGNATURE Zola Burris 116		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M.B. Bass Bethany Mo			

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



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 _____

W. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany 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.