S. No. 300
V. 10.48

380

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

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8035

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5449 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: At Home Gentry Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King City R.R.
c. LENGTH OF STAY (In this place): All Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Farm Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King City R.R. 0380
d. STREET ADDRESS (If rural, give location): King City Mo.R.R. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): Irene
c. (Last): Williams.

4. DATE OF DEATH (Month) (Day) (Year): 3.9.1951.

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 3.9.1878
9. AGE (In years last birthday): 73 — If under 1 year: Months -0 Days -0 — If under 1 day: 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: Same
11. BIRTHPLACE (State or foreign country): Gentry Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ephram W. Miller
13b. MOTHER'S MAIDEN NAME: Louisea Walker
14. NAME OF HUSBAND OR WIFE: Drury B. Williams.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Jessamine Peterson. ADDRESS: Kansas City 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) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 1 Mo 6 days

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. 334 X

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* 2/22, 19___, *to* 3.9.1951, 19___, *that I last saw the deceased alive on* 3/9/51, 19___, *and that death occurred at* 11:15 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE Jack A. Baines (Degree or title) DO
23b. ADDRESS: King City Mo.
23c. DATE SIGNED: 3.12.51.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 3.12.1951
24c. NAME OF CEMETERY OR CREMATORY: King City
24d. LOCATION (City, town, or county) (State): King City Mo.

DATE REC'D BY LOCAL REG.: Mar 19-1951
REGISTRAR'S SIGNATURE: Edith Schulde 480 0
25. FUNERAL DIRECTOR'S SIGNATURE: R.G. Taggart **ADDRESS**: King City Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
26 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 R. L. Taggart

Licensed Embalmer No. 2563

P. O. Address King 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.