

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 19 1951 STANDARD CERTIFICATE OF DEATH

State File No. **23913**

BIRTH NO. _____ REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **5866** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) Myrtle		c. CITY (If outside corporate limits, write RURAL and give township) Myrtle	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	
c. LENGTH OF STAY (In this place) Lifetime		0750	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) MARY			(Month) (Day) (Year) June 16, 1951				
b. (Middle) JANE							
c. (Last) WILLIAMS							
5. SEX Female	6. COLOR OR RACE White	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 23, 1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 23	IF UNDER 4 HRS. Hours 0
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) Myrtle, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Van Betts		13b. MOTHER'S MAIDEN NAME Sarah Campbell		14. NAME OF HUSBAND OR WIFE Willis Williams	
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 Clement Williams, Myrtle, Mo.	
				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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperplastic Heart Aorta		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Chronic Bronchial Pneumonia		
	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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:20P.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS Thayer, Mo.		23c. DATE SIGNED 7-6-51	
--------------------------------------	--	------------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 18, 1951		24c. NAME OF CEMETERY OR CREMATORY Myrtle		24d. LOCATION (City, town, or county) (State) Myrtle, Mo.	
--	--	-----------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 7/14-51		REGISTRAR'S SIGNATURE Ella Brass		25. FEDERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Thayer, Mo.	
--	--	--	--	--	--	-------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

750
11

RECEIVED

JUL 18 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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
Student Embalmer

Student Embalmer No.

Signed *Richard Carter*
Licensed Embalmer No. *4516*

P. O. Address *Shays Rd*

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.