

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34105

FILED NOV 10 1951

State File No. 168
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Joplin twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Joplin Twp. 0490	
c. LENGTH OF STAY (in this place) 1yr		d. STREET ADDRESS (If rural, give location) Rt # 1 Joplin, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Rt # 1 Joplin, Mo			

3. NAME OF DECEASED (Type or Print)	a. (First) MINNIE	b. (Middle) L.	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) October 29, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 6, 1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 23	IF UNDER 60 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Alexander Chambers	13b. MOTHER'S MAIDEN NAME Lavina Smith	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Herman Williams	ADDRESS Rt 1 Joplin, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock, cardiac arrest.		36 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fall in yard - reflex DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 27, 1951, to Oct 28, 1951, that I last saw the deceased alive on Oct 28, 1951, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. M. Stormont M.D.	(Degree or title)	23b. ADDRESS Webb City Mo	23c. DATE SIGNED 10/31/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 31, 1951	24c. NAME OF CEMETERY OR CREMATORY Spring Valley Cemetery	24d. LOCATION (City, town, or county) (State) Tipton Ford Missouri
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DATE REC'D BY LOCAL REG. Oct 31-51	REGISTRAR'S SIGNATURE J. L. Hutchins	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-7-51

Jasper County Health Office.

County File Number 51/11/832

Date Filed 11-7-51

NOV 23 1951

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

Leonard J. Lewis Jr.

Licensed Embalmer No. 4561

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.