

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41399**
Registrar's No. **579**

FILED DEC 26 1951

BIRTH NO. _____		REG. DIST. NO. 37	PRIMARY REG. DIST. NO. 4218	Registrar's No. 579		
1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. LENGTH OF STAY (in this place) 5 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor			
d. FULL NAME OF HOSPITAL OR INSTITUTION 301 W. Benton			d. STREET ADDRESS (If rural, give location) 301 W. Benton			
3. NAME OF DECEASED (Type or Print) LELIA		a. (First)	b. (Middle) MARY	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) Dec 13 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 9, 1857	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months 1 Days 4	IF UNDER 4 HRS. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Unionville Kentucky		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James A. Gailley		13b. MOTHER'S MAIDEN NAME Georganna Chinn		14. NAME OF HUSBAND OR WIFE Nathan R. Williams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME J. O. Williams ADDRESS Windsor Missouri			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Fracture of hip Nov 17 DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 days	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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)	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 Nov 17, 1951 , to Dec 13, 1951 , that I last saw the deceased alive on Dec 12, 1951 , and that death occurred at 2:45 a.m. , from the causes and on the date stated above.						
23a. SIGNATURE J. O. Williams (Degree or title)			23b. ADDRESS Windsor Mo		23c. DATE SIGNED Dec 15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-15-51	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	24d. LOCATION (City, town, or county) (State) Windsor Missouri			
DATE REC'D BY LOCAL REG. Dec 22-51	REGISTRAR'S SIGNATURE Florence Adair 422		25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner ADDRESS Windsor Mo.			

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

RECEIVED ^{DEC 26} 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed ^{DEC 26} 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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.