S. No. 300
v. 10.48

FILED FEB 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1790

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 4

3500
1

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Hematite~~ Rural Joachim
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hematite, Mo. R # 1 1500
d. STREET ADDRESS (If rural, give location): 0

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

4. DATE OF DEATH (Month) (Day) (Year): Jan 15, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 23, 1867
9. AGE (In years last birthday): 83/4/23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cedar Hill, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Kidd
13b. MOTHER'S MAIDEN NAME: Hanah Cadwallader
14. NAME OF HUSBAND OR WIFE: Lewis Williams

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.: Nil
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Georgia Pounds, Hematite Mo. R 1

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)	Bronchiectasis	2 yrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Emphysema	3yrs plus
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Decubitus ulcers	2 mos.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: --- 5271
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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* Oct. 12, 1949, *to* Jan. 15, 1952, *that I last saw the deceased alive on* Jan. 14, 1952, *and that death occurred at* 12:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Rutledge, M.D. 0
23b. ADDRESS: Crystal City, Mo.
23c. DATE SIGNED: Jan. 16, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 1 / 17 / 52
24c. NAME OF CEMETERY OR CREMATORY: Methodist
24d. LOCATION (City, town, or county) (State): Hematite, Mo.

DATE REC'D BY LOCAL REG.: 1/16/52
REGISTRAR'S SIGNATURE: Gentry P. Pollitt 444
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H. S. Vineyard Festus Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 3 1995

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 H H Vineyard

Licensed Embalmer No. 3010

P. O. Address Festus 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.