No. 300
10.48

FILED JAN 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1800

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Warrensburg Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holden 0510
d. STREET ADDRESS (If rural, give location): Holden, Missouri

3. NAME OF DECEASED (Type or Print)
a. (First): NATHAN
b. (Middle): RALPH
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): January 23 1952

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 12, 1880
9. AGE (In years last birthday): 71 — If under 1 year: Months 10, Days 11 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: Moncey Williams
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Margaret Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.: 486-03-7967
17. INFORMANT'S SIGNATURE OR NAME — **ADDRESS**: Margaret Williams, Holden, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
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 4222
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* Nov 1950, *to* Jan 22 1952, *that I last saw the deceased alive on* Jan 22 1952, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE James W. Holmberg (Degree or title) DO.
23b. ADDRESS Holden Mo.
23c. DATE SIGNED 1/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1/25/52
24c. NAME OF CEMETERY OR CREMATORY: Sunset Hill Cemetery
24d. LOCATION (City, town, or county) (State): Warrensburg, Missouri.

DATE REC'D BY LOCAL REG. Jan. 26, 1952 — REGISTRAR'S SIGNATURE Dorothy Dutchfield 147-0
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Canaday & Ropp, Holden, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 28 1952
JOHNSON COUNTY HEALTH DEPT.

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 Embalmer No.....

Signed Samuel B. Popp

Signed.....
Student Embalmer

Licensed Embalmer No. 4044

P. O. Address Walden 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.