No. 300
10.48

FILED APR 21 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11885

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 150

**1. PLACE OF DEATH**
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
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): Laughlin Hosp. & Clinic

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville,
d. STREET ADDRESS (If rural, give location): 606-E-Harrison St.

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

**4. DATE OF DEATH** (Month) (Day) (Year): April 11, 1952

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Oct. 15, 1892
**9. AGE** (In years last birthday): 59 | 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): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: --------
**11. BIRTHPLACE** (State or foreign country): Adair County, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: T. S. Higgins
**13b. MOTHER'S MAIDEN NAME**: Catherine Gillespie
**14. NAME OF HUSBAND OR WIFE**: Glen 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**: Glen Williams
**ADDRESS**: 606-E-Harrison, Kirksville, Mo.

**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) Obstruction common bile duct — INTERVAL BETWEEN ONSET AND DEATH: 4 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cancer common bile duct — unknown
DUE TO (c) also acute ulcerative and hemorrhagic cholecystitis — unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* severely jaundiced for several months

**19a. DATE OF OPERATION**: 4-9-52
**19b. MAJOR FINDINGS OF OPERATION**: Cholecystectomy and choledochostomy
**20. AUTOPSY?** YES [X] 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?**: 155 X

22. *I hereby certify that I attended the deceased from* 4-8-52, 19___, *to* 4-11-52, 19___, *that I last saw the deceased alive on* 4-11-52, 19___, *and that death occurred at* 9:29P *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Earl Laughlin Jr. (Degree or title): D.O.
**23b. ADDRESS**: Kirksville, Mo.
**23c. DATE SIGNED**: 4-16-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4-14-52
**24c. NAME OF CEMETERY OR CREMATORY**: Highland Park Cem.
**24d. LOCATION** (City, town, or county) (State): Kirksville, Missouri

**DATE REC'D BY LOCAL REG.**: 4-17-52
**REGISTRAR'S SIGNATURE**: Kate Lambert
**25. FUNERAL DIRECTOR'S SIGNATURE**: Robert B. Harris
**ADDRESS**: Kirksville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 Robert B. Jones

Licensed Embalmer No. 4219

P. O. Address Kirksville, Missouri

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.