

STANDARD CERTIFICATE OF DEATH

19034

State File No.

FILED MAY 26 1952

BIRTH NO. REG. DIST. NO. 1323 PRIMARY REG. DIST. NO. 6091 Registrar's No. 20

1970
1

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salt Pond</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salt Pond 1970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mile North of Sweet Springs</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles North of Sweet Springs Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u> b. (Middle) <u>Emerson</u> c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb 1898</u>
9. AGE (In years last birthday) <u>54</u>	# UNDER 1 YEAR Months	# UNDER 12 HOURS	# UNDER 1 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Robert Woods</u>	13b. MOTHER'S MAIDEN NAME <u>Chris Ann Gates</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Williams</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Albert Williams</u> ADDRESS <u>Sweet Springs Mo</u>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Epilepsy, mentally defective</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Sept 1849, to 16 May 1952, that I last saw the deceased alive on 15 May 1952, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl H. Jones MD</u> (Degree or title)	23b. ADDRESS <u>Sweet Springs, Mo</u>	23c. DATE SIGNED <u>17 May 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 18 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salt Pond</u>	24d. LOCATION (City, town, or county) (State) <u>Saline Co Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5/17/52</u>	REGISTRAR'S SIGNATURE <u>Dolly Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Mowley</u> ADDRESS <u>Sweet Springs Mo</u>
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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

Edgard L. Moseley

Licensed Embalmer No. *4711*

P. O. Address *Sweet Springs, 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.