No. 300
10-48

FILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21439

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 195

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1. PLACE OF DEATH a. COUNTY Pettis	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia — c. LENGTH OF STAY (in this place) 60 yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia 0804
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 109	d. STREET ADDRESS (If rural, give location) 109 Lima Ave

3. NAME OF DECEASED (Type or Print)	a. (First) Elsie	b. (Middle) Mae	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) 6-2-1952

5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 11-27-1882	9. AGE (In years last birthday) 70 — 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) Pleasant Green Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edmund Harlan	13b. MOTHER'S MAIDEN NAME Rosie Elbert	14. NAME OF HUSBAND OR WIFE Everett 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 Mrs Eliza Watson — ADDRESS Sedalia Mo

MEDICAL CERTIFICATION

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.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypertensive Cardiovascular Disease	Years
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic Heart Disease	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death*	Pulmonary Edema	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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* 5 apr *19*50 *to* 2 June *19*52*, that I last saw the deceased alive on* 1 June*, 19*52*, and that death occurred at* 3:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Carl O Siegel MD	23b. ADDRESS 1216 West 18th St. Sedalia Mo	23c. DATE SIGNED 4 June 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-4-52	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex	24d. LOCATION (City, town, or county) (State) Sedalia Pettis Mo
DATE REC'D BY LOCAL REG. 6/4-1952	REGISTRAR'S SIGNATURE W. J. Campbell MD / Bostic Hall Deputy	25. FUNERAL DIRECTOR'S SIGNATURE R. D. Ferguson — ADDRESS Sedalia Mo	

251-D

(Licensed Embalmer's Statement on Reverse Side)

WRITE 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 F. D. Ferguson.

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.