No. 300
10-48

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

FILED AUG 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27050

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY: Atchison 0030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfax
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): Fairfax Community Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfax 0030
d. STREET ADDRESS (If rural, give location):

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

4. DATE OF DEATH (Month) (Day) (Year): Aug 8, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: March 31, 1861

9. AGE (In years last birthday): 91-4-7 | 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): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Gen Farming

11. BIRTHPLACE (State or foreign country): Atchison Co. Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Harvey Williams

13b. MOTHER'S MAIDEN NAME: Caroline Culpt

14. NAME OF HUSBAND OR WIFE: Mrs Amanda Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Mrs Amanda Williams
ADDRESS: Fairfax 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Empyema of Gall Bladder — Interval between onset and death: 2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cholecystitis, acute — 1 month

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: 585 X

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* May 1, 1951, *to* Aug 8, 1952, *that I last saw the deceased alive on* Aug 8, 1952, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: James L. Coffey (Degree or title): MDC

23b. ADDRESS: Fairfax, Mo.

23c. DATE SIGNED: 8/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 10, 1952

24c. NAME OF CEMETERY OR CREMATORY: Pleasant Ridge

24d. LOCATION (City, town, or county) (State): Fairfax Mo.

DATE REC'D BY LOCAL REG.: Aug 11, 1952

REGISTRAR'S SIGNATURE: Tharvin H. Schooler 4443-0

25. FUNERAL DIRECTOR'S SIGNATURE: Schooler Funeral Home

ADDRESS: Fairfax Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Marvin H. Schooler

Licensed Embalmer No. 4162

P. O. Address Fairfax 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.