

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27591

State File No. ....

SEP 6 - 1952

BIRTH NO. .... REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4159 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Daviesburg, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u>	
b. CITY OR TOWN <u>Pattonsburg, Mo.</u>	c. LENGTH OF STAY (in this place) <u>15 Yrs</u>	c. CITY OR TOWN <u>Pattonsburg, Mo.</u>	d. STREET ADDRESS (If rural, give location) <u>0310</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Nellie Elizabeth</u>	b. (Middle) <u>Williams</u>	c. (Last) <u>Williams</u>	Month <u>July</u>	Day <u>11</u>	Year <u>1952</u>

5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 15, 1878</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Coffey, Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Alvin Gear</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Wetzel</u>	14. NAME OF HUSBAND OR WIFE <u>William R. Williams</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Graham Williams, Jameson, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</u>	<u>Stomach</u>		<u>Stomach</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) _____		
	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 <u>151X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 1912, to July 11, 1952, that I last saw the deceased alive on July 10, 1952, and that death occurred at 8:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Graham Williams</u>	23b. ADDRESS <u>Jameson</u>	23c. DATE SIGNED <u>Aug 19 1952</u>
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24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>July 13, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coffey, Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Coffey, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>25 Aug 1952</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engelbert</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Miss Sullit</u>	ADDRESS <u>Pattonsburg, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

310

**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 *Louis Quest*.....

Licensed Embalmer No. *4096*.....

P. O. Address *Pattonburg, 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.