

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28716**

No. 300  
10. 48

DECEASED **SEP 11 1952**  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5714** Registrar's No. **62**

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

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lanagan</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lanagan</b>	
c. LENGTH OF STAY (in this place) <b>1 month</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Martha</b> b. (Middle) <b>Annie</b> c. (Last) <b>Williams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 3 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 26 1880</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR: Months <b>1</b> Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Jack Gidion</b>	13b. MOTHER'S MAIDEN NAME <b>---</b>	14. NAME OF HUSBAND OR WIFE <b>Hicks S. C. Williams (Deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>N ne</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Rev. John Williams</b> ADDRESS <b>Stella, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>HYPERTENSION</b> DUE TO (c) <b>ARTERIO-SCLEROSIS</b>		
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 <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>NO INJURY</b>
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22. I hereby certify that I attended the deceased from **9/3/52**, 19, to **9/3/52**, 19, that I last saw the deceased alive on **9/3/52**, 19, and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm. Harrison</b>	23b. ADDRESS <b>Anderson Mo.</b>	23c. DATE SIGNED <b>9/5/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-6-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Tracy Cemetary</b>	24d. LOCATION (City, town, or county) (State) <b>Anderson, Mo. R#3</b>
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DATE REC'D BY LOCAL REG. <b>9-7-52</b>	REGISTRAR'S SIGNATURE <b>Maeyne H...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Harrison</b> ADDRESS <b>Anderson, Mo.</b>
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(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 *Wm. Marcus Cozue*

Licensed Embalmer No. *3442*

P. O. Address *Wheaton, 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.