

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32493**

FILED SEP 17 1952

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 278	
1. PLACE OF DEATH a. COUNTY Pettis b. CITY (If outside corporate limits, write RURAL and give township) Sedalia c. LENGTH OF STAY (In this place) 46 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION 600 E. 16th				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis c. CITY (If outside corporate limits, write RURAL and give township) Sedalia d. STREET ADDRESS (If rural, give location) 600 E. 16th			
3. NAME OF DECEASED (Type or Print) Walter Lewis Williams a. (First) Walter b. (Middle) Lewis c. (Last) Williams				4. DATE OF DEATH (Month) (Day) (Year) Sept. 5 1952			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Sept. 22-1867	
9. AGE (In years) 84		10. UNDER 1 YEAR (Months) 11		11. UNDER 24 HRS. (Days) 13		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction worker				10b. KIND OF BUSINESS OR INDUSTRY Morgan Co. Mo			
11. BIRTHPLACE (State or foreign country) Morgan Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME John Williams		13b. MOTHER'S MAIDEN NAME Lavinia Adair		14. NAME OF HUSBAND OR WIFE Mary Jane Williams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Ken Williams			
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, asphyxia, etc. It means the disease, injury, or complication which caused death. 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, asphyxia, etc. It means the disease, injury, or complication which caused death. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION 19a. DATE OF OPERATION 4200 19b. MAJOR FINDINGS OF OPERATION Anteriosclerotic Heart Disease 19c. OTHER SIGNIFICANT CONDITIONS Benign Prostatic Hypertrophy 19d. DATE OF OPERATION 4200				19e. INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21b. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐		21c. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from near , 1949 , to Sept 5, 1952 , that I last saw the deceased alive on Sept. 7, 1952 and that death occurred at 4:25 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE D E Edwards M.D.				23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED 9-6-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-8-52		24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Sedalia Mo	
DATE REC'D BY LOCAL REG. 9-8-52		REGISTRAR'S SIGNATURE W. C. Campbell M.D.		25. FUNERAL DIRECTOR'S SIGNATURE M. C. Laughlin Bros.		ADDRESS Sedalia	

(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 _____

K.P.M. Crary

Licensed Embalmer No. _____

3153

P. O. Address _____

Sedalia 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.