

FILED OCT 25 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34575

S. No. 300
LV. 10.48

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 83

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| 1. PLACE OF DEATH a. COUNTY <u>Dade</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u> | |
| b. CITY OR TOWN <u>Lockwood</u> | c. LENGTH OF STAY (in this place) <u>12m</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield Mo</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>n. main st. 0290</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Louisa</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Williams</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 18, 1952</u> |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u> | 8. DATE OF BIRTH <u>Jan 6, 1870</u> |
| 9a. USUAL OCCUPATION, (Give kind of work done during most of working life, even if retired) <u>retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u> | 9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u> IF UNDER 12 HOURS Hours <u></u> Mins. <u></u> |
| 11a. FATHER'S NAME <u>Raymond Rufan I. Hays</u> | | 11b. MOTHER'S MAIDEN NAME <u>Lillian M. Thomas</u> | 11. BIRTHPLACE (State or foreign country) <u>Mo</u> |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 12b. SOCIAL SECURITY NO. <u>wmc</u> | 12. CITIZEN OF WHAT COUNTRY? <u>usa</u> |
| 13. NAME OF HUSBAND OR WIFE <u>Leonard B. Williams</u> | | 14. NAME OF HUSBAND OR WIFE <u>Leonard B. Williams</u> | |
| 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>wmc</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Wendell Williams Springfield Mo</u> ADDRESS <u></u> | | | |
| 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. | | | |
| MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Measenteric Thrombosis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> | | | <u>20 yrs</u> |
| DUE TO (c) <u>Degenerative Heart Disease</u> | | | <u>5 yrs</u> |
| 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>4221</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>1-1, 1952</u> to <u>10-18, 1952</u> , that I last saw the deceased alive on <u>10-17, 1952</u> , and that death occurred at <u>1.45 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>P. A. McNeil M.D.</u> | | 23b. ADDRESS <u>Greenfield Mo</u> | 23c. DATE SIGNED <u>10-19-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-21-52</u> | 24c. NAME OF CEMETERY OR CREMATOR <u>Twilight</u> | 24d. LOCATION (City, town, or county) (State) <u>Conway Mo</u> |
| DATE REC'D BY LOCAL REG. <u>10-20-52</u> | REGISTRAR'S SIGNATURE <u>J. C. Conner</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Allison</u> ADDRESS <u>Greenfield Mo</u> | |

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed W.R. Allison

Signed.....
Student Embalmer

Licensed Embalmer No. 4404

P. O. Address Shenandoah 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.