

FILED DEC 15 1952

STANDARD CERTIFICATE OF DEATH

State File No. 39895
Registrar's No. 388

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061

942
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1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>Flat River</u>		c. CITY OR TOWN <u>Leadwood</u>	
c. LENGTH OF STAY (in this place) <u>16 months</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cunningham Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ADALINE</u> b. (Middle) <u>Mc</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 2 1952</u>	
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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>MARCH 23, 1848</u>		9. AGE (in years last birthday) <u>104</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>9</u>		IF UNDER 12 HRS. Hours <u>8</u> Mins. <u>9</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hillsboro, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>William McWilliams</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.T. OAVIS</u> ADDRESS <u>ELVINS, Missouri</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 d</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intracranial Hemorrhage</u>				6 wks	
		DUE TO (c) <u>arterio-sclerosis (general)</u>					
11. 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>331X</u>		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?	
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22. I hereby certify that I attended the deceased from May, 1952, to 12-2, 1952, that I last saw the deceased alive on 7-1, 1952, and that death occurred at 7 9 m., from the causes and on the date stated above.

23a. SIGNATURE <u>HC Gache MD</u> (Degree or title)		23b. ADDRESS <u>Osage Mo</u>		23c. DATE SIGNED <u>12-3-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/4/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LEADWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LEADWOOD, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 4, 1952</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u> <u>184-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer FUNERAL HOME</u> ADDRESS <u>LEADWOOD, MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 15 1953

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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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, this should be so stated above.