

FILED JAN 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1795

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5573</u>		Registrar's No. <u>2</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Bluesprings Rural</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Bluesprings - Rural - Smaban</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi west 7870</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smaban</u>				3. NAME OF DECEASED a. (First) <u>Diannah</u> b. (Middle) <u>M.</u> c. (Last) <u>Modie</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan - 2 - 1953</u>		5. SEX <u>Fm</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>			
8. DATE OF BIRTH <u>Aug. 26 - 1869</u>		9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Home wife</u>		11. BIRTHPLACE (State or foreign country) <u>Andrew Co Mo</u>			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Frank Williams</u>			
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schmitt</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Margie Roberts</u>				ADDRESS <u>Bluesprings Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial-sclerotic vascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden.</u> <u>years.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		447x			
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) (Min)		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</u> , 19 <u>53</u> , to <u>1-2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-1</u> , 19 <u>53</u> , and that death occurred at <u>4 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Merrill R. Boy</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Bluesprings, Mo.</u>		23c. DATE SIGNED <u>1-2-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 5 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bohckow</u>		24d. LOCATION (City, town, or county) (State) <u>Bohckow Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-5-53</u>		REGISTRAR'S SIGNATURE <u>M. Blomquist</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walt Funeral Home</u> ADDRESS <u>Bluesprings Mo.</u>					

(Accredited Embalmer - 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... R. B. Webb

Licensed Embalmer No. 2313

P. O. Address. Blue Springs 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.