

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7230**  
Registrar's No. **358**

FILED MAR 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **901** PRIMARY REG. DIST. NO. **4450**

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>	
b. CITY OR TOWN <b>Doniphan</b>		c. CITY OR TOWN <b>Doniphan</b>	
c. LENGTH OF STAY (In this place) <b>3 years</b>		d. STREET ADDRESS (If rural, give location) <b>103 Willow Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>103 Willow Street</b>		e. STREET ADDRESS <b>103 Willow Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Josie</b> b. (Middle) <b>Phine</b> c. (Last) <b>Williams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 5, 1953</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>Sept. 5, 1898</b>		9. AGE (In years last birthday) <b>54</b>		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <b>4 1/2</b>	
10a. USUAL OCCUPATION (If his kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>near Paducah, Kentucky</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Charles Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Emerine</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Williams</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Samuel Chilcutt</b> ADDRESS <b>Doniphan, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ca of Buth Bruta</b> (b) _____ (c) _____ INTERVAL BETWEEN ONSET AND DEATH <b>1-1-50</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>170X</b>					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 **1-1, 1950**, to **2-5, 1953**, that I last saw the deceased alive on **2-1, 1953** and that death occurred at **11:50 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Clifford G. Fort, M.D.</b> (Degree or title)		23b. ADDRESS <b>Doniphan, Mo.</b>		23c. DATE SIGNED <b>2-2-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB. 7, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAK RIDGE CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>DONIPHAN, MISSOURI</b>					

DATE REC'D BY LOCAL REG. <b>3-6-53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> <b>277-</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ray Means</b> ADDRESS <b>Doniphan, Mo.</b>	
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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 Ray Meams

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.