

FILED FEB 24 1953

STANDARD CERTIFICATE OF DEATH

State File No. 8464
Registrar's No. 17

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6141

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived... If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 1070</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wm</u> b. (Middle) <u>Basil</u> c. (Last) <u>WILLIAMSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 29-1860</u>
9. AGE (In years last birthday) <u>93</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Partner</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe County Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Wesley Williamson</u>		13b. MOTHER'S MAIDEN NAME <u>Murcha Ball</u>	
14. NAME OF HUSBAND OR WIFE <u>Mattie Williamson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mattie Williamson Shelby Mo.</u> ADDRESS _____	
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>Degenerative myocardial disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>7</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Influenza</u> 1 wk.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) <u>4222</u>	
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 <u>Feb. 7, 1953</u> , to <u>Feb. 10, 1953</u> , that I last saw the deceased alive on <u>Feb. 8, 1953</u> , and that death occurred at <u>8:00 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>P. G. Greener M.D.</u>		23b. ADDRESS <u>Shelbyville Mo.</u>	23c. DATE SIGNED <u>2-17-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 13-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sec. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shelby Mo</u>
DATE REC'D BY LOCAL REG. <u>2-20-53</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. P. Bonifant</u> ADDRESS <u>Shelbyville Mo.</u>	

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.....

.....*Meyall*.....
working under my personal supervision.

Student Embalmer No.....

Signed *E. P. Thompson*.....

Signed.....
Student Embalmer

Licensed Embalmer No.....*1632*.....

P. O. Address *Shelbyville 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.