

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9631

State File No. _____

S. No. 300
rv. 10.48

FILED MAR 20 1953 REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 28

0451

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

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Fayette		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Burton Twp. 0450	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		d. STREET ADDRESS (If rural, give location) R. R. #1 0	
3. NAME OF DECEASED (Type or Print) a. (First) Joella		b. (Middle) Embree	
c. (Last) Williams		4. DATE OF DEATH Mar. 5, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 4, 1864
9. AGE (In years last birthday) 89		10. UNDER 1 YEAR Months 2	11. UNDER 100 HRS. Days 1 Hours 0 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Howard Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Embree	
13b. MOTHER'S MAIDEN NAME Nancy Robb		14. NAME OF HUSBAND OR WIFE William Thomas Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Willella Williams		ADDRESS Armstrong, Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endarteritis obliterans ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension + myocarditis DUE TO (c) 443X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture Rt hip	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	
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) (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 July, 1951, to Mar 5, 1953, that I last saw the deceased alive on 3-5, 1953, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE Mr. Shan, M.D.		23b. ADDRESS Fayette, Mo	
23c. DATE SIGNED 3-15-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3/8/53		24c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery	
24d. LOCATION (City, town, or county) (State) Howard Co. Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE REC'D BY LOCAL REG. 3-16-53		REGISTRAR'S SIGNATURE Mary K. Shells	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Fayette, Mo	

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 Robert A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette, 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.