

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 10 1953

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 42

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| 1. PLACE OF DEATH a. COUNTY Barton <u>0060</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton <u>0060</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) Lamar | | c. CITY (If outside corporate limits, write RURAL and give township) Lamar <u>0</u> | |
| c. LENGTH OF STAY (in this place) 70 yrs. | | d. STREET ADDRESS (If rural, give location) 709 Gulf St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION At Home | | | |

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|-------------------------------------|---------------------------|------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Melissa | b. (Middle) Ann | c. (Last) Williams | 4. DATE OF DEATH (Month) (Day) (Year) May 31, 1953 |
|-------------------------------------|---------------------------|------------------------|---------------------------|---|

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|------------------|-------------------------------|--|---------------------------------------|---|---|---|
| 5. SEX F. | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowcd <u>7</u> | 8. DATE OF BIRTH Aug. 12, 1864 | 9. AGE (In years last birthday) 88 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 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 (State or foreign country) Harristown, Ill. <u>1</u> | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME J. w. Burkey | 13b. MOTHER'S MAIDEN NAME Eliza Hunsley | 14. NAME OF HUSBAND OR WIFE John B. Williams |
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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) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen O'Rear, Lamar, Mo. | ADDRESS _____ |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia | | INTERVAL BETWEEN ONSET AND DEATH 2 days | |
| | ANTECEDENT CAUSES Norbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage | | | 2 mos? |
| | DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? 331X 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) _____ |
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|---|--|----------------------------------|
| 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? _____ |
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22. I hereby certify that I attended the deceased from 5-30, 1953, to 5-31, 1953, that I last saw the deceased alive on 5-31, 1953, and that death occurred at 8:20pm, from the causes and on the date stated above.

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|---|--------------------------------|--------------------------------|
| 23a. SIGNATURE H. McDaniel, M.D. (Degree or title) | 23b. ADDRESS Lamar, Mo. | 23c. DATE SIGNED 6-1-53 |
|---|--------------------------------|--------------------------------|

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|---|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 2, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery | 24d. LOCATION (City, town, or county) Lamar, Mo. (State) _____ |
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| DATE REC'D BY LOCAL REG. JUN 1 - 1953 | REGISTRAR'S SIGNATURE Marie Korantz | 25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home, Lamar, Mo. | ADDRESS _____ |
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(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten notes:
No. 1
2-2-20

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 *Clarence F. Chalk* _____

Licensed Embalmer No. *3473* _____

P. O. Address *Lima 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.