

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18834

State File No.

FILED JUN 11 1953

REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 18

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Oregon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Oregon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u> <u>0750</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| 3. NAME OF DECEASED a. (First) <u>IUNA</u> b. (Middle) c. (Last) <u>WILLIAMSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 20, 1953</u> |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Sept. 20, 1876</u> |
| 9. AGE (In years) last birthday <u>76</u> | IF UNDER 1 YEAR Months Days | IF UNDER 15 HRS. Mts. | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lee Co., Miss.</u> |
| 13a. FATHER'S NAME <u>W. S. Mink</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Williams</u> | 14. NAME OF HUSBAND OR WIFE <u>Jess Williamson</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Amos McCord</u> <u>Thayer, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Measles</u> ANTECEDENT CAUSES <u>Cardiac degeneration</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) _____ | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4343</u> | 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) | 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>April 7, 1953</u> to <u>4-20 - 1953</u>, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:40pm.</u>, from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. Walter P. Mammoth Sr. M.D.</u> | | 23b. ADDRESS | 23c. DATE SIGNED <u>4-22-53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>4/22/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Thayer Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Thayer, Oregon Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>June 4, 1953</u> | REGISTRAR'S SIGNATURE <u>Arthur Wolff</u> | 25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard Carter</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

50

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 _____

Richard Carter
Licensed Embalmer No. *4516*

P. O. Address *Hayes 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.