

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

22151

State File No.

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 2040 Registrar's No. 91

592
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| a. COUNTY Livingston | | a. STATE Missouri | b. COUNTY Livingston |
| b. CITY (If outside corporate limits, write RURAL and give township) Chillicothe | c. LENGTH OF STAY (In this place) 29 years | c. CITY (If outside corporate limits, write RURAL and give township) Chillicothe | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | d. STREET ADDRESS (If rural, give location) 202 Jackson Street | |

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|--|--------------------------------|------------------------------|--|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) Lyda Ellen | b. (Middle) Williams | c. (Last) Williams | June 19, 1953 | | |

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|--------------------------------|---|---|---|---|---|---|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH August 31, 1902 | 9. AGE (In years last birthday) 50 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HR. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary | 10b. KIND OF BUSINESS OR INDUSTRY Midland Dustry Brick & Tile Co. | 11. BIRTHPLACE (State or foreign country) Trenton, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Everett Graham | 13b. MOTHER'S MAIDEN NAME Emma Sevacek | 14. NAME OF HUSBAND OR WIFE Eddis A. 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. 487-14-9046 | 17. INFORMANT'S SIGNATURE AND ADDRESS Eddis A. Williams; Chillicothe, Mo. |
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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) Carcinoma of Lung 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. | INTERVAL BETWEEN ONSET AND DEATH |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 163x | 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____ | 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 Dec 31, 1952 to June 19, 1953 that I last saw the deceased alive on June 11, 1953, and that death occurred at 4 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <i>W. M. Drivell, M.D.</i> | 23b. ADDRESS Chillicothe, Mo. | 23c. DATE SIGNED 6-20-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6-21-53 | 24c. NAME OF CEMETERY OR CREMATORY Bratton | 24d. LOCATION (City, town, or county) (State) Grundy County, Missouri. |
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| DATE REC'D BY LOCAL REG. 6-20-53 | REGISTRAR'S SIGNATURE <i>Frances B. Neill</i> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Norman Funeral Home, Chillicothe, Mo.</i> |
|---|---|---|

mo.

FEB 7 1955

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 Elton J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

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.