

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

25901

State File No.

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 4414 Registrar's No. 89

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Pike</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Ashburn</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ashburn</u>	
c. LENGTH OF STAY (in this place) <u>LIFETIME</u>		d. STREET ADDRESS (If rural, give location) <u>2820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>MARY</u>	b. (Middle) <u>MARIE</u>	c. (Last) <u>WILLIAMSON</u>	<u>Aug. 1, 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>Aug. 17, 1885</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>14</u>	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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Pike Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>John McGee</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Catherine Smith</u>	14. NAME OF HUSBAND OR WIFE <u>William D. Williamson</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. William D. Williamson, Ashburn, Mo.</u>	ADDRESS <u>ASHBURN, MO.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial Poisoning</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Stroke of Paralysis</u>	
		DUE TO (c) _____	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>334X</u>

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) m.	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 May, 1945, to July 29, 1953, that I last saw the deceased alive on July 29, 1953, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. P. Hansen</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>20. Frankford, Mo.</u>	23c. DATE SIGNED <u>Aug 3 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/2/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEMETERY PIKE CO., MISSOURI</u>	24d. LOCATION (City, town, or county) (State) <u>MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Aug 3, 1953</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	1374	25. FUNERAL DIRECTOR'S SIGNATURE <u>STERNE FUNERAL HOME, LOUISIANA, MO.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Virginia M. Starns

Licensed Embalmer No. *4645*

P. O. Address *Louisiana, 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.