

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28023

State File No.

ED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5234 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give name of town) <u>Rural West Peculiar Mo</u>		c. CITY (If inside corporate limits, write RURAL and give name of town) <u>0190 Rural West Peculiar Mo</u>	
c. LENGTH OF STAY (in this place) <u>3 MONTHS</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi. E. of Peculiar Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi. E. of Peculiar Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNE</u> b. (Middle) <u>VIRGINIA</u> c. (Last) <u>WILLIAMSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 23 1953</u>		
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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>Jan 4 1917</u>	9. AGE (In years) (Month) (Day) <u>36</u>	10. UNDER 1 YEAR Days	11. UNDER 10 HRS. Hours	12. UNDER 1 MIN. 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		11. BIRTHPLACE (City and State or Foreign Country) <u>Morgantown West Virginia U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Orval Williamson</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or for unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Temple</u> ADDRESS <u>597 N. 11 Ave. Phoenix</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain stem thrombosis lead by</u>		II. OTHER SIGNIFICANT CONDITIONS Antecedent causes: <u>Mustard. Aug. 23 1953</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				Interval: <u>Instant</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E981X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Thrombosis</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E.V. Murray M.D. Coroner</u>		23b. ADDRESS <u>Blount Hill 2nd</u>		23c. DATE SIGNED <u>Aug. 26 '53</u>	
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24a. BURIAL, CREMATION, REMOVAL, etc. (Specify) <u>Burial</u>		24b. DATE <u>Aug 29 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Peculiar Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 29 1953</u>		REGISTRAR'S SIGNATURE <u>Gora Forward</u> ADDRESS <u>457-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Funerary Harrisonville Mo</u> ADDRESS			
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(Licensed Embalmer's Statement on Reverse Side)

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

190

RECEIVED
AUG 29 1951
CASS COUNTY
HEALTH DEPARTMENT

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 3368

P. O. Address Harrisonville

*Embalmed 3 days before composed
Body discovered & he was embalmed
C. M. Rummelburg*

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.