

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

29549

State File No. _____

No. 300
10-48

FILED AUG 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>30.52</u>		Registrar's No. <u>255</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Sedalia</u> <u>0804</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>818 N. Grand</u>				d. STREET ADDRESS (If rural, give location) <u>818 N. Grand</u>			
3. NAME OF DECEASED (Type or Print) SARAH		a. (First)		b. (Middle) REBECCA		c. (Last) WILLIAMS	
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 11, 1882</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 MRS. Hours Mins.		4. DATE OF DEATH <u>Aug. 11, 1953</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 <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cole Camp, Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Mason Casto</u>		13b. MOTHER'S MAIDEN NAME <u>Rachael Ferguson</u>		14. NAME OF HUSBAND OR WIFE <u>Eli T. Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eli T. Williams, Sedalia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident - Hemorrhage</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> 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. <u>Bronchogenic Carcinoma left upper lobe</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>? years</u> <u>2 mos.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331XH</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) 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 <u>8-1-</u> , 19 <u>53</u> , to <u>8-11-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-11</u> , 19 <u>53</u> , and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. J. Snodgrass, M.D.</u>		(Degree or title)		23b. ADDRESS <u>312 1/2 St. Ohio, Sedalia, Mo.</u>		23c. DATE SIGNED <u>8-13-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>14 Aug 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cole Camp, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-17-53</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. J. Seckert, Sedalia, Mo</u>			

251-1/2 (Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME

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

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

Russell C. Maa

Licensed Embalmer No.

4804

P. O. Address

Sedalia, 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.