

FILED SEP 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32670

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4425 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If not in corporate limits, write RURAL and give township) <u>Merrisville</u>		c. CITY (If not in corporate limits, write RURAL and give township) <u>Merrisville</u>	
c. LENGTH OF STAY (If in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>2 Mi. North of Merrisville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Mi. North of Merrisville</u>			

3. NAME OF DECEASED a. (First) <u>Malissa</u> b. (Middle) <u>Jane</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>29</u> Year <u>1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 4 1882</u>	9. AGE (In years last birthday) <u>71</u> UNDER 1 YEAR Months <u>3</u> Days <u>25</u> IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home work</u>		11. BIRTHPLACE (State or foreign country) <u>Near Adrich Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Henry White</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Die</u>		14. NAME OF HUSBAND OR WIFE <u>Grant Williams</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leon Williams</u> ADDRESS <u>Merrisville</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage of lung</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchietoma</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 July 1952 to Aug 29, 1953 that I last saw the deceased alive on Aug 28, 1953 and that death occurred at 12:17 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Samuel D. J.</u> (Degree or title)	23b. ADDRESS	23c. DATE SIGNED <u>Sept 9-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Emom Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Trusker Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-11-53</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest Blue</u> ADDRESS <u>Blue Bldg. Mer</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Obey Jester

Licensed Embalmer No. *4154*

P. O. Address *Bolivar, 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.