

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34996

State File No.

FILED NOV 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5112</u>		Registrar's No. <u>63</u>		
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>				
b. CITY OR TOWN <u>Rural Lorraine</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>		c. CITY OR TOWN <u>Rural Lorraine,</u> <u>0090</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutesville, Mo.</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Deliah</u>			b. (Middle) <u>Jane</u>		c. (Last) <u>Williams,</u>		4. DATE OF DEATH (Month) <u>10</u> (Day) <u>22</u> (Year) <u>53</u>	
5. SEX <u>femal /</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>Feb. 10th 1871</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Laflin Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Hesikiah Boswell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Berry</u>		14. NAME OF HUSBAND OR WIFE <u>C.F. 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 ADDRESS <u>Glen Williams, Lutesville, 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>Cardiac Decompensation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cardiovascular disease</u> DUE TO (c) <u>disease</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>4/6</u> , 19 <u>52</u> to <u>10/22</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10/20</u> , 19 <u>53</u> and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John J. Myers 2 MD.</u>				23b. ADDRESS <u>Lutesville Mo.</u>		23c. DATE SIGNED <u>10/24/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parks Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Laflin, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 26-53</u>		REGISTRAR'S SIGNATURE <u>Willie C. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cozy Shetty, Lutesville, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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.

This Body was not Embalmed.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.