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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35524

State File No. .....

FILED OCT 28 1953

BIRTH NO. ..... REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SULLIVAN
c. LENGTH OF STAY (in this place) 16 MO
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) NORTHSIDE HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SULLIVAN 0361 0
d. STREET ADDRESS (If rural, give location) MERAMEC, HOTEL

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) TAYLOR
c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year) OCT. 25, 1953

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH JULY, 15, 1871
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FUNERAL DIRECTOR
10b. KIND OF BUSINESS OR INDUSTRY FUNERAL HOME
11. BIRTHPLACE (City and State or Foreign Country) GROVESPRINGS, MO 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME PATRICK WILLIAMS
13b. MOTHER'S MAIDEN NAME CYNTHIA ~~WILLIAMS~~ WINTERS
14. NAME OF HUSBAND OR WIFE DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME JAMES WILLIAMS — ADDRESS SULLIVAN, MO

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis, multiple — INTERVAL BETWEEN ONSET AND DEATH 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General arteriosclerosis — yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 332X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1953, *to* Oct, 1953, *that I last saw the deceased alive on* Oct 24, 1953, *and that death occurred at* 4:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John J. Dittmann
23b. ADDRESS Sullivan, Mo
23c. DATE SIGNED 10/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 10/27/53
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY
24d. LOCATION (City, town, or county) (State) SULLIVAN, MO

DATE REC'D BY LOCAL REG. 10/26/53
REGISTRAR'S SIGNATURE Thomas A. Humphrey 416-0
25. FUNERAL DIRECTOR'S SIGNATURE W. M. Eaton — ADDRESS Sullivan, Mo.

(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 Thomas A. Humphrey

Licensed Embalmer No. 4752

P. O. Address Sullivan, 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.