

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

367771

State File No.

FILED NOV 9 - 1953

BIRTH MO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5935		Registrar's No. 324			
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. LENGTH OF STAY (in this place) 8 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LINCOLN, MO RT I		00801			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Route 4 Sedalia Township just outside city limits.				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)		a. (First) Pearl		b. (Middle) MAY		c. (Last) WILLIAMS			
4. DATE OF DEATH		(Month) Oct		(Day) 24		(Year) 1953			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Aug 3 1893			
9. AGE (in years last birthday) 60		10. UNDER 1 YEAR Months		11. UNDER 1 YEAR Days		12. UNDER 1 YEAR Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TELEPHONE OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pettis Co		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Wesley Miller		13b. MOTHER'S MAIDEN NAME, NANCY FAIR		14. NAME OF HUSBAND OR WIFE Charley Williams					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME CHARLEY WILLIAMS ADDRESS Lincoln RT I					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast ANTECEDENT CAUSES with Metastases to brain & liver. 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION Sept 1952		19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		170X			
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 Oct 5, 1953, to Oct 24, 1953, that I last saw the deceased alive on Oct 17, 1953, and that death occurred at 6:30 P.M., from the causes and on the date stated above.									
23a. SIGNATURE A. L. Walter		(Degree or title) MD		23b. ADDRESS Sedalia MO		23c. DATE SIGNED Oct 26 - 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Oct 26, 1953		24c. NAME OF CEMETERY OR CREMATORY Clear Creek cemetery		24d. LOCATION (City, town, or county) (State) Benton Co. MO			
DATE REC'D BY LOCAL REG 10/31/53		REGISTRAR'S SIGNATURE A. G. Campbell MD		25. FUNERAL DIRECTOR'S SIGNATURE John F. Rosen		ADDRESS Lincoln, 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 _____

John F. Piser

Licensed Embalmer No. 4098

P. O. Address. Warsaw

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.