

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5287 State File No. **45012**

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BIRTH NO. **FILED FEB 9 1954** REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **6000**

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay		
b. CITY (If outside corporate limits, write RURAL and give township) Excelsior Springs		c. LENGTH OF STAY (In this place) all life	c. CITY (If outside corporate limits, write RURAL and give township) Excelsior Springs		6000
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. I Rural			d. STREET ADDRESS (If rural, give location) RRT		
3. NAME OF DECEASED (Type or Print) BENIAH WILLIAMS			4. DATE OF DEATH (Month) (Day) (Year) OCT. 14, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec 28, 1872	9. AGE (In years last birthday) 80	10. MONTHS 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Gardening	11. BIRTHPLACE (State or foreign country) Clay County		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jermiah Williams		13b. MOTHER'S MAIDEN NAME Sarah Jane Weatherington		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME Miss Goldie Williams			
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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				ADDRESS 337 East 6th, Excelsior Springs INTERVAL BETWEEN ONSET AND DEATH instant
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) 4201			
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 9/12/53 , 19 19 , to 10/14 , 19 53 that I last saw the deceased alive on 9/12 , 19 53 , and that death occurred at 8:00pm. , from the causes and on the date stated above.					
23a. SIGNATURE M. O. D.			23b. ADDRESS Excelsior Springs, Mo.		23c. DATE SIGNED 10/30/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 16, 1953	24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	24d. LOCATION (City, town, or county) (State) Clay County, Mo.		
DATE REC'D BY LOCAL REG. 1/16/54	REGISTRAR'S SIGNATURE Caroline Hutchings		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Hope Funeral Home, Excelsior Springs, Mo.		

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Electric Springs, 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.