

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2025

State File No.

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 197 PRIMARY REG. DIST. NO. 4313 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmer</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmer</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0610</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Emily</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 30 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>Sept 7 1865</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>28</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>David Bunch</u>		13b. MOTHER'S MAIDEN NAME <u>Binda Cook</u>		14. NAME OF HUSBAND OR WIFE <u>Fisher Rice Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie Baily Elmer 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>2 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left Ventricular failure</u> DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Virus Influenza</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4342</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec 19, 1952, to Jan 30, 1954, that I last saw the deceased alive on Jan 30, 1954, and that death occurred at 9:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>O. L. Woodward, M.D.</u>		23b. ADDRESS <u>Atlanta, Mo</u>		23c. DATE SIGNED <u>2-1-54</u>	
--	--	---------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 1 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bell</u>		24d. LOCATION (City, town, or county) (State) <u>Macon Mo</u>	
---	--	-----------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>Feb. 2, 1954</u>		REGISTRAR'S SIGNATURE <u>Daphne Howerton</u> <u>18470</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. McCallum</u> <u>South Gifford Mo</u>	
--	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1. 26. 54
MACON COUNTY HEALTH DEPARTMENT
County File No. 9.54. 2
Date Filed 2. 3. 54

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 *W. H. McCallum*

Licensed Embalmer No. 2052

P. O. Address South Wifford 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.