No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9642

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 34

0821 0

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

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: MISSOURI
b. COUNTY: PIKE
c. CITY OR TOWN: LOUISIANA
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 617 So. THIRD ST.

0821 0

3. NAME OF DECEASED (Type or Print)
a. (First): NETTIE
b. (Middle): LENA
c. (Last): WILLIAMSON

4. DATE OF DEATH (Month) (Day) (Year): MARCH 24, 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 11, 1893
9. AGE (In years last birthday): 60
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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and State or Foreign Country): LOUISIANA, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: STEPHEN ARTHUR STODDARD
13b. MOTHER'S MAIDEN NAME: LOVINIA DORSETT
14. NAME OF HUSBAND OR WIFE: JOHN E. WILLIAMSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: JOHN E. WILLIAMSON
ADDRESS: LOUISIANA, 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) Metastatic Ca. of liver — INTERVAL BETWEEN ONSET AND DEATH: 4 mth.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Gall bladder — 6 mths
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 155X

19a. DATE OF OPERATION: 2-1-54
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of gall bladder with metastasis to the liver
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): —
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 1-25, 1954, to 3-23, 1954, that I last saw the deceased alive on 3-23, 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: Louisiana, Missouri
23c. DATE SIGNED: 3-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3/26/1954
24c. NAME OF CEMETERY OR CREMATORY: RIVERVIEW CEM.
24d. LOCATION (City, town, or county) (State): LOUISIANA, MISSOURI

DATE REC'D BY LOCAL REG.: March 25, 1954
REGISTRAR'S SIGNATURE: Bernice Collier
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Geo. M. Collier, Louisiana, 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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. M. Callier

Licensed Embalmer No. 383

P. O. Address Louisiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.