

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9688

State File No.

FILED APR 14 1954

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Tulaski</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newburg</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>0810</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General</u>		e. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED a. (First) <u>LEFTIE</u> b. (Middle) <u>ANN</u> c. (Last) <u>WILLIAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 2 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 2 1886</u>
9. AGE (in years last birthday) <u>67</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>6</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Newburg Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>James Stephen Pryor</u>		13b. MOTHER'S MAIDEN NAME <u>Mahalia Helton</u>	
14. NAME OF HUSBAND OR WIFE <u>John 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. <u>458</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph B. Williams</u> ADDRESS <u>St. Clair 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac + pulmonary arrest</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac - vascular - Renal disease +</u> DUE TO (c) <u>Chronic Myocarditis, nephritis + arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR	
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 <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 <u>April 19, 1950</u> , to <u>April 2, 1954</u> , that I last saw the deceased alive on <u>April 2, 1954</u> , and that death occurred at <u>8:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Richard B. Williams</u> (Deputy or Title)		23b. ADDRESS <u>Newburg Mo.</u>	
23c. DATE SIGNED <u>April 3, 1954</u>		23d. LOCATION (City, town, or county) <u>Newburg MO</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 4 - 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>		24d. LOCATION (City, town, or county) <u>Newburg MO</u>	
DATE REC'D BY LOCAL REG. <u>4-4-54</u>		REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u> ADDRESS <u>Lee Johnson Newburg MO</u>	

(Licensed Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKING PERMANENT RECORD

RECEIVED 4-4-57
County Health Officer
Date Filed 4-10-57
File Number

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 _____

Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.