

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5270 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Christian

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Christian

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Lincoln c. LENGTH OF STAY (In this place) 9 Mos.

c. CITY OR TOWN Rural" Lincoln d. Is Residence within limits of a city or incorporated town? Yes 0 No 0

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Residence of D.S. Frazier

e. STREET ADDRESS (If rural, give location) Route #1, Clever 0220

3. NAME OF DECEASED
a. (First) ALICE b. (Middle) ANN c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year)
May 22 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept. 1-1854

9. AGE (In years last birthday) 99

IF UNDER 1 YEAR Months Days Hours Min.
99

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY --

11. BIRTHPLACE (City and State or Foreign Country) Jennings County, Ind.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nathan Lewis

13b. MOTHER'S MAIDEN NAME Elisabeth Aikin

14. NAME OF HUSBAND OR WIFE John J. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. D. S. Frazier, Rt. 1, Clever, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia
INTERVAL BETWEEN ONSET AND DEATH 1 week
ANTECEDENT CAUSES
DUE TO (b) carcinoma of right breast
DUE TO (c) metastasis of the lungs
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 170X

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 May, 1954, to May 22, 1954, that I last saw the deceased alive on May 21, 1954, and that death occurred at 1:55a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R.C. Mitchell, D.O.

23b. ADDRESS Republic, Mo.

23c. DATE SIGNED 5/25/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 23-1954

24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery

24d. LOCATION (City, town, or county) (State) Republic, Missouri

DATE REC'D BY LOCAL REG. May 25-1954

REGISTRAR'S SIGNATURE Olive Hutter 508

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Harris Clever, Mo.

ADDRESS

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.....
Signature of Student Embalmer

Signed..... *John Hlean Harris*

Licensed Embalmer No. *4396*

P. O. Address *Cleveland, M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.