

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15670**

FILED MAY 24 1954

BIRTH NO. _____ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4225** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oregon	c. LENGTH OF STAY (In this place) 4 days	c. CITY OR TOWN Mound City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Browne Nursing Home		e. STREET ADDRESS (If rural, give location) 0440	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Joseph	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) May 13, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 12, 1880	9. AGE (In years last birthday) 73	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Holt County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Howard Williams	13b. MOTHER'S MAIDEN NAME Melinda Hutton	14. NAME OF HUSBAND OR WIFE Stella Williams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Williams	ADDRESS Mound City, Mo
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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 24 hrs 7 days UNKNOWN
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebrovascular Accident DUE TO (c) Arteriosclerotic Hypertension		
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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 15, 1953**, to **5-13**, 19 **54** that I last saw the deceased alive on **5-12**, 19 **54**, and that death occurred at **12:05 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Issac A. Adams, M.D.	23b. ADDRESS Oregon, Mo.	23c. DATE SIGNED 5-13-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/15/1954	24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	24d. LOCATION (City, town, or county) (State) Mound City, Missouri
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DATE REC'D BY LOCAL REG. 5-16-1954	REGISTRAR'S SIGNATURE James Crawford	25. FUNERAL DIRECTOR'S SIGNATURE James Crawford	ADDRESS Mound City, Mo.
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(Licensed Embalmer's Signature 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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James H. Crawford*

Licensed Embalmer No. *479*

P. O. Address *Mount Co*

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.