

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19411

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 4244		Registrar's No. 80			
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTERVILLE		c. LENGTH OF STAY (In this place) 60 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTERVILLE		0490			
d. FULL NAME OF HOSPITAL OR INSTITUTION 131 EAST WILSON				d. STREET ADDRESS (If rural, give location) 131 EAST WILSON					
3. NAME OF DECEASED (Type or Print) a. (First) ALFRED		b. (Middle) JASPER		c. (Last) WILLIAMS		4. DATE OF DEATH (Month) (Day) (Year) JUNE 25 1954			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 19, 1888			
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 11		IF UNDER 1 YEAR Days 6		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOILER MAKER			10b. KIND OF BUSINESS OR INDUSTRY MAKING BOILERS		11. BIRTHPLACE (State or foreign country) KINSLEY COUNTY, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME JOHN WILLIAMS			13b. MOTHER'S MAIDEN NAME EVA PATTERSON			14. NAME OF HUSBAND OR WIFE EDITH WILLIAMS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500-01-0692		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EDITH WILLIAMS CARTERVILLE, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MITRAL STENOSIS  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS- ARTERIO-SCLEROSIS SECONDARY ANEMIA Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 410 X				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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from JAN 10, 1950, to JUNE 25, 1954, that I last saw the deceased alive on 6-25, 1954, and that death occurred at 3:55 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) P. M. Jones				23b. ADDRESS 131 EAST WILSON CARTERVILLE		23c. DATE SIGNED 6-28-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-28-1954		24c. NAME OF CEMETERY OR CREMATORY CARTERVILLE CEMETERY		24d. LOCATION (City, town, or county) (State) CARTERVILLE MO			
DATE REC'D BY LOCAL REG. 6-28-54		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO					

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 20 1955

RECEIVED

JUL 6 1954  
Health Office

502

JUL 16 1954

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 *Richard Gray Lewis*

Licensed Embalmer No. *17405*

P. O. Address *Webb City, 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.