

FILED JAN 30 1954  
AugTHE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 26912  
Registrar's No. 802

BIRTH NO. _____		REG. DIST. NO. 28		PRIMARY REG. DIST. NO. 4200		Registrar's No. 802	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY OR TOWN <u>Ash Grove</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Bois D'Arc</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Part Ash Grove</u>				e. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles SE. 8390</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Savannah</u>		b. (Middle) <u>Eliza</u>		c. (Last) <u>Williams</u>		(Month) (Day) (Year) <u>Aug 21 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 8 - 1894</u>	
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		9. AGE (In years last birthday) <u>60</u> if UNDER 1 YEAR <u>5</u> MONTHS <u>13</u> DAYS <u>13</u> IF UNDER 24 HRS. Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) <u>Stone County Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>John Childress</u>		13b. MOTHER'S MAIDEN NAME <u>Linda Hooten</u>		14. NAME OF HUSBAND OR WIFE <u>George T. Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Wischart</u> ADDRESS <u>Ash Grove Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Circulatory Failure</u>					<u>3 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decompensated Heart disease</u>					<u>8 mos.</u>
		DUE TO (c) <u>Arteriosclerotic changes</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"/>
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>June</u> , 19 <u>44</u> , to <u>Aug. 21</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Aug. 21</u> , 19 <u>54</u> , and that death occurred at <u>2:50 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Stoner F. Matz, M.D.</u>			23b. ADDRESS <u>Ash Grove, Missouri</u>			23c. DATE SIGNED <u>8-22-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 23, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wright Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>4 miles South of Clever Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-24-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Rich</u> ADDRESS <u>Ash Grove, Mo.</u>			

(Licensed Embalmer's State Seal 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 *Richard E. Watts*.....

Licensed Embalmer No. *465*.....

P. O. Address *Ashe Grove*.....

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.