

FILED SEP 27 1954

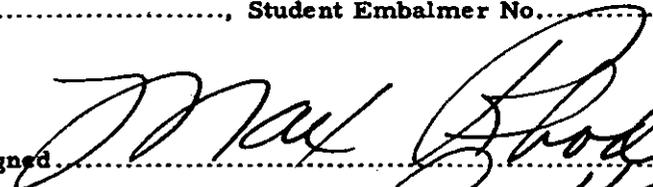
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30339**BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 872

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN SPRINGFIELD		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 CITY HOSPITAL			f. STREET ADDRESS (If rural, give location) 1925 N. BENTON 02460		
3. NAME OF DECEASED (Type or Print) a. (First) LUCINDA b. (Middle) c. (Last) WILLIAMSON			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 17, 1954		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2 SEPT. 1889	9. AGE (In years last birthday) 65	if UNDER 1 YEAR Months Days if UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY IN HOME	11. BIRTHPLACE (City and State or Foreign Country) AVA MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JAMES STAFFORD		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE CLAY WILLIAMSON	
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. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS HERMAN S. BERRY ST. LOUIS, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) Adv. Carcinomatosis Carcinoma Cervix Uteri 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 Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 mo 1 yr.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 171X				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>54</u> , to <u>Sept 17</u> , 19 <u>54</u> that I last saw the deceased alive on <u>9-17</u> , 19 <u>54</u> , and that death occurred at <u>11:55</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Carl E. King</i> M.D.		23b. ADDRESS 1951 S. NATIONAL SPRINGFIELD, MISSOURI		23c. DATE SIGNED 9-18-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-18-54	24c. NAME OF CEMETERY OR CREMATORY MT. COMFORT CEMETERY	24d. LOCATION (City, town, or county) (State) GREENE COUNTY, MISSOURI		
DATE REC'D BY LOCAL REG. 9-20-54	REGISTRAR'S SIGNATURE <i>Carl E. King</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. V. King</i>	ADDRESS Spfld. Mo.		

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.....


Licensed Embalmer No.

P. O. Address.....


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.