

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37219

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>97</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Fayette</u>		c. LENGTH OF STAY (in this place) <u>3</u> mo.		c. CITY OR TOWN <u>Fayette</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>Wells Convalesant Home</u>				STREET ADDRESS (If rural, give location) <u>R. R. #5</u> <u>450</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willoughby</u>		b. (Middle) <u>Richard</u>		c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 12, 1878</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u>		IF UNDER 14 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Denver, Colorado</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Uriah Milton Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Turner Raines</u>		14. NAME OF HUSBAND OR WIFE <u>Nannie Mae Dodson</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 ADDRESS <u>Willoughby Williams Columbia, Mo</u>			
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) <u>arteriosclerosis</u> 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. <u>Basilar pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>10 days</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		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 <u>July</u> , 19 <u>50</u> , to <u>Nov</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 29</u> , 19 <u>54</u> , and that death occurred at <u>7A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm J. Shaw, Jr., M.D.</u> (Degree or title)				23b. ADDRESS <u>Lee Hospital, Fayette, Mo</u>		23c. DATE SIGNED <u>12-3-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/3/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-3-54</u>		REGISTRAR'S SIGNATURE <u>Mary Kay Shell</u> <u>436</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Case</u>		ADDRESS <u>Fayette, Mo</u>	

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

By Mary Kay Shell (Licensed Embalmer's Statement on Reverse Side)

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 *Ralph A. Carr*.....

Licensed Embalmer No. *38*

P. O. Address *Fayette*

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.