

FILED DEC 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38499

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 374

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Knoblick</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Knoblick</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		STREET ADDRESS (If rural, give location) <u>0940</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GERTIE</u>	b. (Middle) <u>MAE</u>	c. (Last) <u>WILLIAMS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 2 1954</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 23 1885</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Knoblick Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>James Cross</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Shelby</u>	14. NAME OF HUSBAND OR WIFE <u>Bert Williams</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bert Williams Knoblick Mo</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Incontinence & Rehabilitation</u>		<u>4-5 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinomas</u>		<u>6 months</u>
DUE TO (c) <u>Carcinoma of Cervix</u>		<u>4 yrs</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 <u>153X</u>	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)	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 Oct 8, 1954, to Dec 2, 1954, that I last saw the deceased alive on Dec 2, 1954, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul Hedger D.D.</u>	23b. ADDRESS <u>Box 147 Farmington Mo</u>	23c. DATE SIGNED <u>12-3-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec 5 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knoblick Missouri</u>	24d. LOCATION (City, town, or county) (State) <u>Knoblick Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 3, 1954</u>	REGISTRAR'S SIGNATURE <u>Ethel Bradley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozean Farmington Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0-5-50

DEC 2

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.....
C. H. Coyle

Licensed Embalmer No. 40

P. O. Address. Farmington

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.