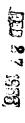
	71.	THE DIVISION OF HEA	ALTH OF MISSOURI		にかこつ
. No.300	FILED FEB 21 1955	STANDARD CERTIF		State File No	3700
. 10.48		27.4	_	52	. 47
	BIRTH NO.	REG. DIST. NO	RIMARY REG. DIST. NO	Kegisitat I No.	
	I. PLACE OF DEATH		2. USUAL RESIDENCE	(Where decessed fived. If insti	itution: residence before admission).
	Pettis		IIII	u To	ttis
	b. CITY (If outside corporate limits, write RU:	RAL and give c. LENGTH OF township) STAY (In this place)	c. CITY (If outside corporate limit	its, write RURAL and give towns	00-01
Ω	TOWN Sadalia	1 45 yrs	TOWN Sadal	La	0809
S. C.	d. FULL NAME OF (If not in bouplish or institution () and in bouplish or institution () and () and () are the control of the c	similar, give street address of location)	d. STREET (If rem	l, give location)	, 0
RECORD		Nospital	713	Cast Droc	away,
2	3. NAME OF a. (First) DECEASED	. (Middle)	c. (Last)	4 DATE (Month)	(Day) (Year)
PERMANENT	(Type or Print) ARthuR	I homas	WILLAMS	9. AGE (In years) of thotal	13 1965
E	5, SEX 6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (8 predix)	8, DATE OF BIRTH	last birthday) Months	Days Hours Min.
×.	Male White	undowed &	Lug 22 1889	<u> </u>	10. 60713511.65.114.45
2	10a, USUAL OCCUPATION (Give kind of work done during most of working life, gven if retired)	10b. KIND OF BUSINESS OR IN-	11. BIRTHACE (City and St.	ste or Foreign Country)	12. CITIZEN OF WHAT
M	Painter	Painter	- Jelin	nors '	W5A
. 4	13a. FATHER'S NAME	13b. MOTHER'S MAIDEN	NAME 14. NA	AME OF HUSBAND OR WIFE	•
ы	Henry Price Wille	amo Sally 13	roy 17w	acilla Wille	ams
MAKE	15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no, or unknown) (If yes, sive war or dates of	(service) NO.	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	NATURE OR NAME	ADDRESS
X.	no no	1491-07-6440		ett vanghi	I INTERVAL BETWEEN
j	18. CAUSE OF DEATH Enter only one cause per 1 I. DISEASE OR CO.	NOITION (1)	ERTIFICATION	· · · · · · · · ·	ONSET AND DEATH
INK	line for (a), (b), and (c)	G TO DEATH (a)	ras Haus	mage	·
CK	*This does not mean ANTECEDENT CAU	USES · / /	Solara	110- Huno	Vind .
₽ C	the mode of dying, such Morbid conditions,	if any, giving DUE TO (b)	no o cero	1 1 1	macon_
B.	as heart failure, asthenia, the underlying cause the underlying cause	e last	7 . 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	··· - (/:: . · ·	
	ease, intury, or complica-	DUE TO (c)			
ž	tion which caused death. II. OTHER SIGNIFI Conditions contribu	ICANT CONDITIONS uting to the death but not e or condition causing death.	•		
Q.					1 20. AUTOPSY?
UNFADING	19a. DATE OF OPERA- TION 19b. MAJOR FINDS	INGS OF OPERATION	•	``_33/X	YES NO 2
		1b. PLACE OF INJURY (e.g., to or about	21c. (CITY, TOWN, OR TOWNS		(STATE)
BING	21a. ACCIDENT (Specify) 2: SUICIDE bo	ome, farm, factory, street, office bldg., ste.)			
218		Iour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR	?	
Þ.	21d, TiME (Month) (Day) (Year) (H OF INJURY	WHILEAT NOT WHILE			
Þ		7	195.5, 10 7-1	1953, that I las	t agen the deceased
Z	22. I hereby certify that I attended th			es and on the date state	
PLAINLY	alive on 2 -/ 2 , 1955	_, and that death occurred at , (Degree or title)	23b. ADDRESS	20 0110 011 0110 0110 01100	23c. DATE SIGNED
.	Zia. SIGNATURE	11150	No da	Oran Men	12/14/17
2	24s BURIAL CREMA- 24b, DATE	I 24c. NAME OF CEMETER	Y OR CREMATORY 24d. LO	CATION (Olty, town, or coun	ity) (State)
WRITE	24a. BURIAL. CREMA- 24b. DATE / TION, REMOVAL (Broadty)	55 Pr m.m	Hill Sa	dalia	$\mathcal{M}_{\mathbf{A}}$
3	DATE REC'D BY LOCAL REGISTRAR'S SI	GNATURE 281	25. FUNERAL DIRECTOR'S	SIGNATURE AC	DRESS
	2-14-5-5 REG. Davine	Soont Douts	metauabl	in Bros	Jadalia
		(Licensed Embalmer's	itatement on Reverse Side)		



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re-	corded on the reverse side of this	certificate was embalm	ed by me, or by
***************************************		Student Embalmer	No
vorking under my personal supervision.	L	1020 1	D

Student Embalmer

Licensed Embalmer No. 3/3-1

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.