

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**5763**

State File No. ....

**FILED FEB 21 1955**

Registrar's No. **47**

BIRTH NO. ....		REG. DIST. NO. <b>224</b>		PRIMARY REG. DIST. NO. <b>3052</b>		Registrar's No. <b>47</b>	
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>			
b. CITY OR TOWN <b>Sedalia</b>		c. LENGTH OF STAY (in this place) <b>45 yrs</b>		c. CITY OR TOWN <b>Sedalia</b>		<b>0804</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bathwell Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>923 East Broadway</b>			
3. NAME OF DECEASED a. (First) <b>Arthur</b> b. (Middle) <b>Thomas</b> c. (Last) <b>Williams</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 13 1955</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>unwed</b>		8. DATE OF BIRTH <b>Aug 22 1884</b>	
9. AGE (in years last birthday) <b>70</b>		10. UNDER 1 YEAR Months Days		10. UNDER 10 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Painter</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry Price Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Sally Bray</b>		14. NAME OF HUSBAND OR WIFE <b>Priscilla Williams</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-07-6446</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Emmett Vaught</b> ADDRESS <b>Sedalia</b>			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES <b>Arterio Sclerosis - Hypertension</b> 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.  20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>				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) (Min.)		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 <b>2-5</b> , 1955, to <b>2-13</b> , 1955, that I last saw the deceased alive on <b>2-12</b> , 1955, and that death occurred at <b>USA</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>H. W. Boger M.D.</b>				23b. ADDRESS <b>Sedalia Mo</b>		23c. DATE SIGNED <b>2/14/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-14-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia Mo</b>	
DATE REC'D BY LOCAL REG. <b>2-14-55</b>		REGISTRAR'S SIGNATURE <b>Larvine County, Deputy</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin Bros</b>		ADDRESS <b>Sedalia</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 27 1938

DEC 27 1938

DEC 27 1938

### 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 .....  
Student Embalmer

Signed \_\_\_\_\_

*K.P.M. Laary*  
Licensed Embalmer No. *3157*

P. O. Address *Sedalia Mo.*

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.