

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 6 1955

REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 6247 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bourbon "Rural" Johnson</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bourbon "Rural" Johnson</b>	
c. LENGTH OF STAY (in this place) <b>9 years</b>		d. STREET ADDRESS (If rural, give location) <b>Star Route 1100</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>20 mi S.E. of Bourbon street RT</b>			

3. NAME OF DECEASED (Type or Print) <b>Elizabeth N.M. Williams</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 2-1955</b>	
a. (First)		b. (Middle)	
c. (Last)			

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 22 1887</b>	9. AGE (In years) (last birthday) <b>67</b>	10. MONTHS <b>9</b>	11. DAYS <b>10</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Leasburg, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Jacob King</b>	13b. MOTHER'S MAIDEN NAME <b>Julia Clontz</b>	14. NAME OF HUSBAND <b>Charles Williams</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Charles Williams</b>	ADDRESS <b>Bourbon, Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Cervix</b>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <b>1561</b>
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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?
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22. I hereby certify that I attended the deceased from 1/15, 1954 to 4/2, 1955, that I last saw the deceased alive on 4/1, 1955, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert Endall</b> (Degree or title) <b>6</b>	23b. ADDRESS <b>Patton, Mo.</b>	23c. DATE SIGNED <b>4/2/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Apr. 4-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cross Roads Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Leasburg Mo</b>
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DATE REC'D BY LOCAL REG. <b>4/2/55</b>	REGISTRAR'S SIGNATURE <b>Herbert Endall</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Korman C. Hoener</b>	ADDRESS <b>Cuba, Mo</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

**RECEIVED**

APR 5 1955

WASH. COUNTY HEALTH DEPT.

File No. \_\_\_\_\_

**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 Hermon Hoener

Licensed Embalmer No. 4673

P. O. Address Cuba, Missouri

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.