

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14949

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>Ozark, MO</u>	c. LENGTH OF STAY (If long place) <u>100</u>	c. CITY OR TOWN <u>Rural Shelby Ransom</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>P.O. Box 1061</u>	
3. NAME OF DECEASED (First) <u>Emma</u> (Middle) <u>E.</u> (Last) <u>Williams</u>		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>12</u> (Year) <u>55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec 23 1868</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby Co. Iowa</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Craven</u>		13b. MOTHER'S MAIDEN NAME <u>Marta A. Craven</u>	14. NAME OF HUSBAND OR WIFE <u>Richard</u>
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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Archie Mayden</u> ADDRESS <u>Ransom 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocardial Insufficiency</u> DUE TO (c) <u>Acute Virus Pneumonia 3 days</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Suspected Ca. of stomach 1 year</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)	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>2/5</u> 19 <u>55</u> , to <u>4/11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/11</u> , 19 <u>55</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter P. M. Carmichael</u>		23b. ADDRESS <u>Ozark MO</u>	23c. DATE SIGNED <u>4/14/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-12-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Helphay</u>	24d. LOCATION (City, town, or county) (State) <u>Taneyville MO</u>
DATE REC'D BY LOCAL REG. <u>Apr 15 1955</u>	REGISTRAR'S SIGNATURE <u>Luetta Leonard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Whitcheal Tunnel Home</u> ADDRESS <u>Ransom MO</u>	

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

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 *Minnie L. Whelchel*

Licensed Embalmer No. *227*

P. O. Address *Brunton*

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.