

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 3003 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lancaster</u>	
b. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township) <u>Monett Mo</u>		c. LENGTH OF STAY (in this place) <u>3 wks</u>	c. CITY OR TOWN <u>Stalls City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Dunel's Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha Alice</u> b. (Middle) <u>Williamson</u> c. (Last) <u>Williamson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-19-55</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>1-30-1868</u>	9. AGE (In years last birt day) <u>87</u>	10. UNDER 1 YEAR <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lancaster Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Wm Sutton</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Williams</u>		13c. NAME OF HUSBAND OR WIFE <u>Jesse Williamson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>4</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr Williamson</u> ADDRESS <u>Monett 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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sanguene - following</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17da</u>	
ANTECEDENT CAUSES		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <u>Vascular occlusion of left cerebral artery above Poptet's space</u>			
II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>455X</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Surgery permit denied by children</u>		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 5/26, 1955, to 6/19, 1955, that I last saw the deceased alive on 6/18, 1955, and that death occurred at 11:21 pm., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Kenneth Glover MD ADDRESS Mt Vernon Mo 23c. DATE SIGNED 6/24/55

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Williamson Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Mt Vernon Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-24-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. P.N. Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sons</u> ADDRESS <u>Lancaster Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.**

NO. 755 - 284

DATE REC. 7-1-55

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 Wm K. Jackson

Licensed Embalmer No. 39

P. O. Address Lawson

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.