

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19625**

FILED JUN 27 1955

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **162**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY OR TOWN Sedalia		c. CITY OR TOWN Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1600 South Missouri		STREET ADDRESS (If rural, give location) 1600 South Missouri	
3. NAME OF DECEASED (Type or Print) a. (First) HERBERT b. (Middle) ARTHUR c. (Last) WILLIAMS		4. DATE OF DEATH (Month) (Day) (Year) June 20, 1955	
5. SEX Male 6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 20, 1883		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired mail carrier		10b. KIND OF BUSINESS OR INDUSTRY U.S. Postal	
11. BIRTHPLACE (City and State or Foreign Country) Pettis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edgar E. Williams		13b. MOTHER'S MAIDEN NAME Ida Bell Sims Williams	
14. NAME OF HUSBAND OR WIFE Lela Hirschfeld Williams		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO. *****		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lela Williams ADDRESS 1600 South Ky. Sedalia, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus 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 _____		INTERVAL BETWEEN ONSET AND DEATH 15 yrs	
20. AUTOPSY? YES ☐ NO ☒		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) 260X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ _____		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Dec 1953 to June 20, 1955 that I last saw the deceased alive on June 1955 , and that death occurred at 2:30 p.m. from the causes and on the date stated above.			
23a. SIGNATURE G. L. Walter MD (Degree or title) _____		23b. ADDRESS Sedalia Mo 23c. DATE SIGNED June 22-1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/24/55 24c. NAME OF CEMETERY OR CREMATORY Dresden Cemetery 24d. LOCATION (City, town, or county) (State) Dresden, Missouri	
DATE REC'D BY LOCAL REG. 6/23/55 REGISTRAR'S SIGNATURE James Coontz, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Shane Ewing ADDRESS Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Walter

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..... *G. E. Baker*

Licensed Embalmer No. *24*

P. O. Address *Sec 14*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.