

FILED AUG 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21604

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 228

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give name of township) JEFFERSON CITY		c. CITY OR TOWN SEDALIA Jefferson City	
c. LENGTH OF STAY (In this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) BALO HILL ROAD	

3. NAME OF DECEASED (Type or Print) a. (First) JESSIE b. (Middle) ADELAIDE c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) JULY 31, 1955
5. SEX Female	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 15, 1879
9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (City and State or Foreign Country) PERRY, MO.	12. CITIZEN OF WHAT COUNTRY USA.

13a. FATHER'S NAME MILTON BARD	13b. MOTHER'S MAIDEN NAME MARTHA DYE	14. NAME OF HUSBAND OR WIFE CHARLES CLUNTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JESSIE WOODSON, JEFFERSON CITY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancerous right breast INTERVAL BETWEEN ONSET AND DEATH 1 yr ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 160X	
19a. DATE OF OPERATION 11/9/54	19b. MAJOR FINDINGS OF OPERATION as above	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) m.	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 6/17, 1955, to July 31, 1955, that I last saw the deceased alive on July 31, 1955, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE Ernest D. Supersabow, M.D.	(Degree or title)	23b. ADDRESS Jefferson City, Mo. 64501	23c. DATE SIGNED 8/1/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 2, 1955	24c. NAME OF CEMETERY OR CREMATORY CROWN HILL	24d. LOCATION (City, town, or county) (State) SEDALIA, MISSOURI
DATE REC'D BY LOCAL REG. Aug 1-55	REGISTRAR'S SIGNATURE R. C. Davis, MD JR	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. D. Heckert, Sedalia, Mo.	

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.....
Russell C. Maag

Licensed Embalmer No. *48*

P. O. Address *Sedalia*

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