

FILED JUL 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23108**

BIRTH NO. **46263-55-** REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5902** Registrar's No. **123**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before by COUNTY Lincoln) a. STATE MO	
b. CITY (If outside corporate limits, write RURAL and give township) Rural. Hayti		c. CITY OR TOWN Hayti	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			
No. STREET ADDRESS		(If rural, give location) 0110	

3. NAME OF DECEASED (First) Rosie		b. (Middle) Marie		c. (Last) Williams		4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 55	
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5. SEX Female	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never	8. DATE OF BIRTH 7-22-55	9. AGE (In years last birthday) 12	IF UNDER 1 YEAR Months 1 Days 12	IF UNDER 24 HRS. Hours 12 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Hayti - MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Ernest Williams		13b. MOTHER'S MAIDEN NAME Francis L. Wright		14. NAME OF HUSBAND OR WIFE none			
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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.		17. INFORMANT'S SIGNATURE OR NAME Francis L. Williams Hayti, Mo. ADDRESS Hayti, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) diabetes		II. OTHER SIGNIFICANT CONDITIONS 7625					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Obesity, 1 mo.					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Obesity, 1 mo.					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS 7625					
		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 12:12 am.	

22. I hereby certify that I attended the deceased from **7-23, 1955**, to **7-23, 1955** that I last saw the deceased alive on **12-7-23 1955**, and that death occurred at **12:12 am.**, from the causes and on the date stated above.

23a. SIGNATURE W. Shively (Degree or title)		23b. ADDRESS W. Shively Clinic		23c. DATE SIGNED 7-27-55	
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24a. BURIAL CREMATION, REMOVAL (Specify) burial		24b. DATE 7-23-55		24c. NAME OF CEMETERY OR CREMATORY St. John		24d. LOCATION (City, town, or county) (State) Hayti, MO	
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DATE REC'D BY LOCAL REG. 7-23-55		REGISTRAR'S SIGNATURE James H. German		25. FUNERAL DIRECTOR'S SIGNATURE W. Shively		ADDRESS Hayti, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7-221-55

JUL 27 1955

MISSOURI SCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.