

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3052		Registrar's No. 188	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (In this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia		d. STREET ADDRESS (If rural, give location) 317 E. Johnson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 317 E. Johnson				d. STREET ADDRESS (If rural, give location) 317 E. Johnson			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) B.		c. (Last) Williams	
4. DATE OF DEATH (Month) (Day) (Year) 6-30-1955		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 7-13-1866		9. AGE (In years) 89		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real estate		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Otterville Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Frank Williams		13b. MOTHER'S MAIDEN NAME Josie Craighead		14. NAME OF HUSBAND OR WIFE Ruby Williams			
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 Mac Lightfoot, Chicago Ill			
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) Myocardial Regeneration, vent. and myocarditis ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) making a yr or two DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222				INTERVAL BETWEEN ONSET AND DEATH None	
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) (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 Feb 15, 1955, to June 29, 1955, that I last saw the deceased alive on June 29, 1955, and that death occurred at 2 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. E. Best, M.D.				23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED June 30-1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-1-1955		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex		24d. LOCATION (City, town, or county) (State) Sedalia Pettis Mo	
DATE REC'D BY LOCAL REG. 7-18-55		REGISTRAR'S SIGNATURE Lavinia Cooney, Reg.		25. FUNERAL DIRECTOR'S SIGNATURE J. D. Ferguson		ADDRESS 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 _____

working under my personal supervision.

Student Embalmer No.

Signed F. D. Ferguson

Signed.....
Student Embalmer

Licensed Embalmer No. 2172

P. O. Address Seabrook

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.