

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **27187**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 228	
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 (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia			
d. FULL NAME OF HOSPITAL OR INSTITUTION 306 East 2nd				d. STREET ADDRESS (If rural, give location) 306 East 2nd 080%			
3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Kathryn c. (Last) Williams				4. DATE OF DEATH (Month) (Day) (Year) Aug 29 1955			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 12 1897	
9. AGE (In years last birthday) 57		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Sedalia Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William B. Martin		13b. MOTHER'S MAIDEN NAME Mary Modenbach		14. NAME OF HUSBAND OR WIFE Wm P. Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME William P. Williams		ADDRESS Sedalia	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis and Myocardial Degeneration INTERVAL BETWEEN ONSET AND DEATH 3 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4222 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Passive congestion of the liver, Ascites, Jaundice			
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 _____, 1947, to August 29, 1955 , that I last saw the deceased alive on Aug. 27, 1955 , and that death occurred at 11:30 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE H. O. Willbur		(Degree or title) D.O.		23b. ADDRESS 1709 W Broadway Sedalia, Mo		23c. DATE SIGNED 8/30/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-1-55		24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Sedalia Mo	
DATE REC'D BY LOCAL REG. 8-31-55		REGISTRAR'S SIGNATURE Lavina Coontz Deputy		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros		ADDRESS Sedalia	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed _____

K.P. McLeary
Licensed Embalmer No. *3153*

P. O. Address *Sedalia, Mo.*

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.