No. 300
10.48

0039

FILED NOV 8 1955

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 32124

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5026 Registrar's No. 69

**1. PLACE OF DEATH**
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clark Twsp.
c. LENGTH OF STAY (In this place): 37 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2½ Mi. South of Fairfax

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clark Twsp.
d. STREET ADDRESS (If rural, give location): 2½ Mi. South of Fairfax

0030

**3. NAME OF DECEASED** (Type or Print)
a. (First): SYLVIA
b. (Middle): MAE
c. (Last): WILLIAMS

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 2 1955

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Jan. 5, 1882
**9. AGE** (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: In the home
**11. BIRTHPLACE** (State or foreign country): Holt County, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Ephriam T. Davis
**13b. MOTHER'S MAIDEN NAME**: Margaret E. Baker
**14. NAME OF HUSBAND OR WIFE**: Floyd Williams

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: *********
**17. INFORMANT'S SIGNATURE OR NAME**: Floyd Williams
ADDRESS: Fairfax Missouri

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 24 hours.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Aortic Arteria Sclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
45/X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* Aug, *1955, to* Nov 2, *1955, that I last saw the deceased alive on* Nov. 2, *1955, and that death occurred* 4:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wallace Carpenter (Degree or title): MD
23b. ADDRESS: Rock Port Mo
23c. DATE SIGNED: 11/3/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 5, 1955
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Ridge
24d. LOCATION (City, town, or county) (State): Fairfax Missouri

DATE REC'D BY LOCAL REG.: Nov 3, 1955
REGISTRAR'S SIGNATURE: Tharon W Schooler
25. FUNERAL DIRECTOR'S SIGNATURE: Schooler Funeral Home
ADDRESS: Fairfax Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 16 1956

## 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 Marvin D. Schooler

Licensed Embalmer No. 4162

P. O. Address Fairfax Missou

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

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