

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12053

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 28

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Shelby</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shelbina</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Shelby</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b		c. CITY OR TOWN <u>Shelbyville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Mattie Thornton Williamson</u>				4. DATE OF DEATH <u>April 1 1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>1-24-64</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		100. KIND OF BUSINESS OR INDUSTRY <u>Sam</u>		11. BIRTHPLACE (City and state or country) <u>Montroe Co.</u>		9. AGE (In years last birthday) <u>92</u>	
13. FATHER'S NAME <u>Newton Adams</u>				14. MOTHER'S MAIDEN NAME <u>Martha Margaret Sparks</u>			
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 <u>Mrs. Roger Finney</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio Sclerosis Cerebral</u>						INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____	
						DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY		Hour <u>4:30 a. m.</u>		Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>March 21 1956</u> , to <u>April 1 1956</u> and last saw ^{her} _{him} <u>alive on March 3 1956</u> Death occurred at <u>4:30 a m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>P. G. Brewer M.D.</u>				22b. ADDRESS <u>Shelbyville Mo</u>		22c. DATE SIGNED <u>4-4-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>April 3-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Shelbina cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Shelbina Missouri</u>	
24. FUNERAL DIRECTOR <u>E. P. Thompson - Shelbyville - Mo</u>				25. DATE RECD. BY LOCAL REG. <u>3-4-56</u>		26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 19 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *G. W. Musgrove*

Licensed Embalmer No... 2

P. O. Address... *Bethel*

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.