

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13759

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>163</u>		PRIMARY REG. DIST. NO. <u>3031</u>		Registrar's No. <u>26</u>		
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>				
b. CITY OR TOWN <u>De Soto</u>		c. LENGTH OF STAY (in this place) <u>40 YRS</u>		c. CITY OR TOWN <u>De Soto</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>304 N. 3RD ST.</u>				e. STREET ADDRESS (If rural, give location) <u>703 N. 10TH. 050th</u>				
3. NAME OF DECEASED (Type or Print) <u>Ross</u>			a. (First)		b. (Middle) <u>---</u>		c. (Last) <u>WILLIAMS</u>	
4. DATE OF DEATH <u>APR. 12 1956</u>		(Month) (Day) (Year)		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 12 1899</u>		9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days		
IF UNDER 2 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. PAC. CAR SHOPS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HILLSBORD MO.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>THOS. WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>MARIA CARVER</u>		14. NAME OF HUSBAND OR WIFE <u>GRACE WILLIAMS</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GLADYS WILSON</u>		ADDRESS <u>304 N. 3RD</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gen. arterio-sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>years</u>				
*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				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Hypertrophy prostrated</u>				
DUE TO (c) <u>Senility</u>				6 months				
ii. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>610x</u>				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)		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 <u>July 12</u> , 19 <u>55</u> , to <u>April 12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>April 11</u> , 19 <u>56</u> and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Paul V. Neffmeyer M.D.</u>				23b. ADDRESS <u>De Soto Mo.</u>		23c. DATE SIGNED <u>April 14, 56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR 14 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HILLSBORD</u>		24d. LOCATION (City, town, or county) (State) <u>HILLSBORD Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-14-56</u>		REGISTRAR'S SIGNATURE <u>Marie Ferris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. Bectel</u> ADDRESS <u>De Soto Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

**JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI**

DATE RECEIVED

APR 23 1958

APR 23 1958

[Faint vertical stamp]

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..... *Donnell B. Dietrich*

Licensed Embalmer No. *41104*

P. O. Address..... *Dept. 74*

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.