

Dr. Roller
FILED MAY 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17073**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **165**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal c. LENGTH OF STAY (in this place) 0		c. CITY OR TOWN Hannibal 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 Leveing Hospital		e. STREET ADDRESS (If rural, give location) 524 Winter	

3. NAME OF DECEASED (Type or Print)	a. (First) Gladys	b. (Middle) B.	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) 5-3-56
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-17-1896	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Rockport, Ill	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Markus Phillips	13b. MOTHER'S MAIDEN NAME Cora E. Hall	14. NAME OF HUSBAND OR WIFE Charles Williams
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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 Mr. Charles Williams ADDRESS 524 Winter
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism Hannibal, Mo. INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	2nd & 3rd degree burns of body	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 119 16	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Residence	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hannibal Marion Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 30 1956 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Caught sweater on fire from stove.
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22. I hereby certify that I attended the deceased from **1-30-56** to **4-25-56**, 19**56**, that I last saw the deceased alive on **4-25-56**, 19**56**, and that death occurred at **4:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS <i>[Address]</i>	23c. DATE SIGNED May 8/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/5/56	24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park	24d. LOCATION (City, town, or county) (State) Hannibal, Mo.
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DATE REC'D BY LOCAL REG. 5-11-56	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE W. M. O'Donnell ADDRESS Hannibal, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

9-0

RECEIVED MAY 14 1956
MARION CO. HEALTH DEPT.,
DATE FILED MAY 14 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.....
Signature of Student Embalmer

Signed *H. M. McDonnell*.....

Licensed Embalmer No. 3889

P. O. Address Hannibal,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.