

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34614**

FILED OCT 16 1956

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5626 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dove		c. LENGTH OF STAY (in this place) 14 Yrs.	c. CITY OR TOWN Dove
d. FULL NAME OF HOSPITAL OR INSTITUTION Lebanon Linn Creek Star		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Rt. Linn Creek Star. Rto.	

3. NAME OF DECEASED (Type or Print) Mark F. Williams	a. (First) Mark	b. (Middle) F.	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) Oct 1, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 22, 1883	9. AGE (In years) (Month) (Day) 73	IF UNDER 1 YEAR 0 Months 0 Days	IF UNDER 24 HRS. 0 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Ottuma County Iowa.	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Samuel F. Williams	13b. MOTHER'S MAIDEN NAME Hattie L. Rubel	14. NAME OF HUSBAND OR WIFE Mary Williams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. (If yes, give war or date of service) 494-18-7729	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Williams Dove, Mo.	ADDRESS Dove, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 10-4-56	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 331x
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22a. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	22b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22c. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1954 to Oct. 1, 1956, that I last saw the deceased alive on Sept. 26, 1956, and that death occurred at 6:00P m., from the causes and on the date stated above.

23a. SIGNATURE E. G. Charlton M.D.	(Degree or title)	23b. ADDRESS Camden, Mo.	23c. DATE SIGNED 10-4-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-4-56	24c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery	24d. LOCATION (City, town, or county) (State) Lebanon, Mo.
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DATE REC'D BY LOCAL REG. 10-6-1956	REGISTRAR'S SIGNATURE Hella L. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Palmer, Lebanon, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Corr by Aff.

424

Received 10-15-56
Laclede County Health Unit
File No. 165
Date Filed 10-15-56

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 S. R. Palmer

Licensed Embalmer No. 220

P. O. Address Libanon

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.