

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5748**

FILED FEB 18 1957

BIRTH NO. _____		REG. DIST. NO. <b>224</b>		PRIMARY REG. DIST. NO. <b>352</b>		Registrar's No. <b>127</b>			
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>			c. LENGTH OF STAY (In this place) <b>5 days</b>	c. CITY OR TOWN <b>Sedalia</b>		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 (If not in hospital or institution, give street address or location) <b>Bothwell Hospital</b>								e. STREET ADDRESS (If rural, give location) <b>1401 East Ninth</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>			b. (Middle) <b>C.</b>		c. (Last) <b>WILLIAMS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 11, 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		8. DATE OF BIRTH <b>Dec. 18, 1878</b>		9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Pressman retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Printing Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Parsons, Kansas /</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>unknown</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Grace Tripp Williams</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give rank or date of service) <b>No</b>			16. SOCIAL SECURITY <b>not obtainable</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Marion Robertson, 2339 Cypress Kansas City, Mo.</b>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal Pneumonia.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>36 hours.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Cardio-Vascular Disease</b>		Over <b>2 yrs.</b>			
				DUE TO (c) <b>Arthritis Deformans.</b>		Over <b>5 yrs.</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Alcoholism.</b>						I dont know.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Fracture of the Left Humerus. Fell Febr. 1st, 1957</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Slip on ice</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Near on his home on the ice.</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Sedalia, Mo. Pettis /</b>					
21d. TIME OF INJURY <b>About 9 A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>As stated.</b>					
22. I hereby certify that I attended the deceased from <b>Over 20 yrs</b> to <b>Febr. 11th, 57</b> , that I last saw the deceased alive on <b>Febr. 10th, 57</b> , and that death occurred at <b>6.35 A.M.</b> from the causes and on the date stated above.									
23a. SIGNATURE <b>Jno. B. Carlisle, M.D.</b>					23b. ADDRESS <b>Sedalia, Missouri.</b>		23c. DATE SIGNED <b>2-II-57</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/12/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>2-12-1957</b>		REGISTRAR'S SIGNATURE <b>Lavinia Coats, Deputy</b>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Edna Ewing Sedalia, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

251-0

1956-01-10

**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 *P. E. Baker*

Licensed-Embalmer No. *2411*

P. O. Address *Secluded*

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.