FILED AUG 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25181
STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 4254 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Knobnoster, Inside Limits Yes Yes No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence, Length of stay in 1b 50 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Knobnoster, 0.51 Inside Limits Yes Yes No ☐
d. STREET ADDRESS (If outside, give location) Knobnoster, Missouri. Reside on Farm Yes ☐ No No

3. NAME OF DECEASED (Type or print) First MARY Middle BELLE Last WILLIAMS
4. DATE OF DEATH Month July Day 24th. Year I957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH May I5, I886
9. AGE (In years last birthday) 7I
IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (City and state or country) Salina, Kansas,
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Walston,
14. MOTHER'S MAIDEN NAME Jane Cox
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr. Roy L. Hughes, Address Knobnoster, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) (1) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) (1) Chr. Myocarditis
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ No
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Knob Noster COUNTY Johnson STATE Mo
21. I attended the deceased from July 1-57 to 7-24-57 and last saw alive on July 24-57
Death occurred at 9:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE H. W. Graves (Degree or title) M.D.
22b. ADDRESS Knobnoster, Missouri
22c. DATE SIGNED 7-25-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-26-57
23c. NAME OF CEMETERY OR CREMATORY Knobnoster, Cemetery,
23d. LOCATION (City, town, or county) Knobnoster, Missouri (State)
24. FUNERAL DIRECTOR R.A. Brauninger, ADDRESS Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG. 7/26/57
26. REGISTRAR'S SIGNATURE Erma L Beatty

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, or Medical Examiner: Use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by me ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R A Brauninger

Licensed Embalmer No. 33

P. O. Address Warren

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.