

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 277 1 2
State File No.

FILED AUG 26 1957

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>3916</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 15 class Twp -</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hosp -</u>				d. STREET ADDRESS (If rural, give location) <u>1/2 Mi. S. OF ILLMO - 10000</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROLLA</u> b. (Middle) <u>GLASSFORD</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 11, 1957</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 9, 1882</u>		9. AGE (In years, last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dentistry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jonesboro, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Thos. B. Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Glassford</u>		14. NAME OF HUSBAND OR WIFE <u>Veronica Light</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. R. G. Williams Illinois, Mo.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of right breast</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>?</u> 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) (Min.)		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>Aug. 8, 1957</u> to <u>Aug. 11, 1957</u> , that I last saw the deceased alive on <u>Aug. 10, 1957</u> , and that death occurred at <u>6:40 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Charles F. Wilson M.D.</u>				23b. ADDRESS <u>914 Broadway</u>		23c. DATE SIGNED <u>8-21-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-13-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Illinois, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>8-22-57</u>		REGISTRAR'S SIGNATURE <u>O. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Deapling & General Co. Illinois, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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

Student Embalmer

Signed _____

Oliver A. Smith

Licensed Embalmer No. 4470

P. O. Address Delmo, Mo

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 this body is not embalmed, fact should be so stated above.