

Health, Welfare, Public Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FILED SEP 5 1957

STANDARD CERTIFICATE OF DEATH

28544

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN Township</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>JOPLIN</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOPE MANOR</b>		Length of stay in 1b <b>2 YEARS</b>	d. STREET ADDRESS (If outside, give location) <b>416 NORTH JACKSON</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ALMA VAUGHAN WILLIAMS</b>			4. DATE OF DEATH Month Day Year <b>AUGUST 26, 1957</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JANUARY 7 1875</b>
9. AGE (In years last birthday) <b>82</b>		10. FUNDING YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEMOTHER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FRATERNITY HOUSE</b>	11. BIRTH PLACE (City and State or County) <b>KINGSTON-ON-TAMES</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>GAUGHAN</b>	
13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>EDGAR A. WILLIAMS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNK.</b>	17. INFORMANT Address <b>CLYDE WILLIAMS 416 N. JACKSON JOPLIN</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Carcinoma of left breast</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>170X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 years</b>  <b>1951</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>October 20, 1955</b> to <b>August 26, 1957</b> and last saw her alive on <b>July 20, 1957</b> Death occurred at <b>4:50 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Alma Vaughn Williams</i>		22b. ADDRESS <b>607 Frisco Building, Joplin, Mo.</b>	22c. DATE SIGNED <b>8-27-57</b>
23a. BURIAL, CREMATION (Specify) <b>BURIAL</b>	23b. DATE <b>8-28-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>COLUMBIA CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>COLUMBIA, MISSOURI</b>
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY JOPLIN, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>8-28-57</b>	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>

(Licensed Embalmer's Statement on Reverse Side)

County File Number 57-2-177  
Date Filed SEP 4 1957

SEP 11 1957

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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