

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36783**

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4372		Registrar's No. 272			
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burlington Jct.		c. LENGTH OF STAY (in this place) years		c. CITY OR TOWN Burlington Jct.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home				e. STREET ADDRESS (If rural, give location) 1 mile east					
3. NAME OF DECEASED (Type or Print) a. (First) ADAM			b. (Middle)		c. (Last) WILLIAMS		4. DATE OF DEATH (Month) (Day) (Year) 10 18 57		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 1/8/67		9. AGE (In years last birthday) 90 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 yrs: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired			10b. KIND OF BUSINESS OR INDUSTRY Own account		11. BIRTHPLACE (City and State or Foreign Country) Hillsboro, Indiana		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Issac Williams			13b. MOTHER'S MAIDEN NAME Elizabeth Donaldson			14. NAME OF HUSBAND OR WIFE Jennie Hackett Williams, dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Luther Williams, Burlington Jct., Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular occlusion probably due to thrombosis from 4 days previous to death.						INTERVAL BETWEEN ONSET AND DEATH 4 days	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>							
		DUE TO (c) Sept. arteriosclerosis							
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
		Serility							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? 2 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)		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 Feb 11, 1952 to Oct. 18, 1957 , that I last saw the deceased alive on Oct 14, 1957 , and that death occurred at 6:35A m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Harveid Ford D. O.				23b. ADDRESS Elmo, Missouri		23c. DATE SIGNED 10/21/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/21/57		24c. NAME OF CEMETERY OR CREMATORY Ohio		24d. LOCATION (City, town, or county) (State) Burlington Jct., Mo.			
DATE REC'D BY LOCAL REG. 11-1-57		REGISTRAR'S SIGNATURE Bess Bolt			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.				

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

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 *John W. Price*

Licensed Embalmer No. *4281*

P. O. Address *Maryville*

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.