

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041047

STATE FILE NUMBER

FILED NOV 21 1958 Registration District No. 280 Primary Registration District No. 5963 Registrar's No. 80

300
-57

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FERRELVIEW, MAY TWNS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FERRELVIEW, MO. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		Length of stay in 1b 48 YEARS	d. STREET ADDRESS (If outside, give location) 6000 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MARY ANN CLEMENTINE WILLIAMS			4. DATE OF DEATH Month Day Year NOV. II, 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 10, 1872
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ALPHA, KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME WESLEY HICKS	13b. MOTHER'S MAIDEN NAME ELLEN RAINES
14. NAME OF HUSBAND OR WIFE FRANKLIN WILLIAMS		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 4200
17. INFORMANT 4200		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation DUE TO (b) ASHD & generalized AS DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH hour
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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 1947 to 11/12/58 and last saw her alive on 11/12/58 Death occurred at 1:53 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. Graham Parkhurst (Degree or title)		22b. ADDRESS Platte City, Mo	22c. DATE SIGNED 11/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-13-'58	23c. NAME OF CEMETERY OR CREMATORY SECOND CREEK CEMETERY	23d. LOCATION (City, town, or county) (State) PLATTE COUNTY, MO.
24. FUNERAL DIRECTOR MCCOMAS FUNERAL HOME	ADDRESS SMITHVILLE MO.	25. DATE RECD. BY LOCAL REG. 11-12-58	26. REGISTRAR'S SIGNATURE Alpha Rollins

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *Donald W. Hanks*

Licensed Embalmer No. *4528*
P. O. Address *Smithville, 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.