

FILED MAY 4 1950.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14232

State File No.

890

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6221 Registrar's No. 224

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ray, Mo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Braymer (Rural, Grape Brook)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Braymer Rural, Grape Brook</u>	
c. LENGTH OF STAY (In this place) <u>64 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>10 Mrs S.W. Hardy. 54</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 Mrs S.W. Hardy. 54</u>		d. STREET ADDRESS (If rural, give location) <u>10 Mrs S.W. Hardy. 54</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Samuel</u> c. (Last) <u>Williams</u>		4. DATE OF DEATH. (Month) (Day) (Year) <u>April 22 1950</u>	
5. SEX <u>Male</u> COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 26, 1864</u>	9. AGE (In years last birthday) <u>85 yrs</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Fulton, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Samuel Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Sally Raymond</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Williams, Braymer</u> ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis many years</u> DUE TO (c) <u>Genoidal Arteriosclerosis many years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis (arteriosclerotic) many years</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? 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? <u>331X</u>	
22. I hereby certify that I attended the deceased from <u>April 2, 1950</u> to <u>April 24, 1950</u> , that I last saw the deceased alive on <u>April 2, 1950</u> , and that death occurred at <u>1 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. E. Gosherty, M.D.</u>		23b. ADDRESS <u>Braymer, Mo.</u>	23c. DATE SIGNED <u>4/28/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>4/24/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Union Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Braymer Mo</u>
DATE REC'D BY LOCAL REG. <u>April 26 - 1950</u>	REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dernald J. Mead</u>	ADDRESS <u>Braymer Mo</u>

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

RECEIVED MAY 1
District Health Officer No. 8,

District File Number _____

Date Filed 5-3-50

MAY 1 6 1950

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 _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Dernard F. Mead
Student Embalmer No. _____

Licensed Embalmer No. 2801

P. O. Address Graymer, 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.