

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43267

FILED JAN 30 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG.-DIST. NO. 3012 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, use RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>	c. CITY OR TOWN <u>Excelsior Springs</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>336 E. Broadway</u>		f. STREET ADDRESS (If rural, give location) <u>336 E. Broadway</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSAN</u> b. (Middle) <u>MARGARET</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 20, 1864</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Isaac C. Rice</u>	13b. MOTHER'S MAIDEN NAME <u>Lophronia McLaughlin</u>	14. NAME OF HUSBAND OR WIFE <u>Willis Williams</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Belle Riverscomb</u> ADDRESS <u>336 E. Broadway, Excelsior Springs, Mo.</u>
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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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>sev. days</u>  <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		<u>4201</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Oct. 21, 1955 to Dec. 30, 1955, that I last saw the deceased alive on Dec. 30, 1955 and that death occurred at 9:30 a.m., from the causes and on the date stated above.

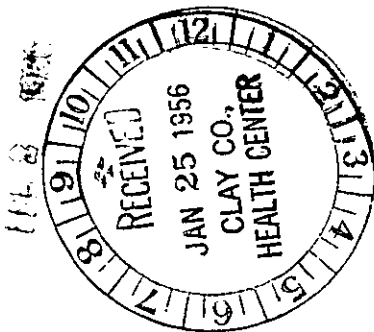
23a. SIGNATURE <u>Dr. M. Cracker</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>1/3/56</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-1-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Williams Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rural, Richmond, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/9/56</u>	REGISTRAR'S SIGNATURE <u>Baroline Hatching</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>David Richard</u> ADDRESS <u>Excelsior Springs, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Linnice Jarman*.....

Licensed Embalmer No. *458*

P. O. Address *Evansville, Ind.*

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.