

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34714

State File No.

891

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

FILED OCT 23 1951

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>3057</u>		Registrar's No. <u>70</u>		
1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND</u>		<u>0891</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>125 CHESTNUT</u>				d. STREET ADDRESS (If rural, give location) <u>125 CHESTNUT</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>T.</u>		c. (Last) <u>WILLIAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 3 1951</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 23, 1880</u>		
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TEACHING</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>W. B. WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>LAURETTA DONALDSON</u>		
13c. NAME OF HUSBAND OR WIFE <u>MRS. IDA (HORINE) WILLIAMS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. IDA WILLIAMS</u>		
17. ADDRESS <u>MRS. IDA WILLIAMS</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.						
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia, Right Lower Lobe</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma of the Lung</u>						<u>18 months</u>		
DUE TO (c) <u>Primary Malignancy Undetermined</u>						<u>2 years</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163X</u>								
19a. DATE OF OPERATION <u>5/22/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Metastatic carcinoma of lung, left upper lobe</u>				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) (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 <u>Feb.</u> , 19 <u>50</u> , to <u>Oct.</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct. 3</u> , 19 <u>50</u> , and that death occurred at <u>4:40</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>M. L. Masterson, MD</u> (Degree of title)				23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>10/4/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 5, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNNY SLOPE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>RICHMOND MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>Oct 8-1951</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> <u>273</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Georgette Lila Funeral Home</u> <u>Richmond, Missouri</u>		ADDRESS <u>Georgette Lila</u>		

8 # Oct. 2000.

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
Student Embalmer

Signed

Albert E. White

Licensed Embalmer No. 4168

P. O. Address Richmond, 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.