No. 300
10.48

FILED JAN 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 783

BIRTH NO. 48-47060 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3014 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 912 Wayne Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
d. STREET ADDRESS (If rural, give location): 912 Wayne Street

3. NAME OF DECEASED (Type or Print)
a. (First): Melvin
b. (Middle): Eugene
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): Jan 14 49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: Aug 25 1948
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months: 4 Days: 19
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): 912 Wayne St. Kennett Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Lee Williams
13b. MOTHER'S MAIDEN NAME: Hazel McElyea
14. NAME OF HUSBAND OR WIFE: —

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.: —
17. INFORMANT'S SIGNATURE OR NAME: Robert Lee Williams
ADDRESS: Kennett, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Virus Influenza
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Meningitis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1/14, 1949, *to* 1/14, 1949 *that I last saw the deceased alive on* 1/14, 1949, *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert S. Green (Degree or title) MD
23b. ADDRESS: 301 Texas Rd. Kennett Mo.
23c. DATE SIGNED: Jan 15-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-16-1949
24c. NAME OF CEMETERY OR CREMATORY: Marsh
24d. LOCATION (City, town, or county) (State): Kennett Dunklin Mo

DATE REC'D BY LOCAL REG.: 1-15-49
REGISTRAR'S SIGNATURE: Carl Hughes MD
25. FUNERAL DIRECTOR'S SIGNATURE: Lutz Funeral Home
ADDRESS: Kennett Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No.
District File Number 149-14
Date Filed 26-49

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 Edgar Lee Ford
Licensed Embalmer No. 4433
P. O. Address Kennett 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.