

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1818

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 2701 Registrar's No. L

1. PLACE OF DEATH a. COUNTY <u>County of Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Green Twp.</u>	c. LENGTH OF STAY (In this place) (Specify township) <u>40 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Green Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 miles south of Utica</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 miles south of Utica</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>	b. (Middle) <u>Richard</u>	c. (Last) <u>Williams</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 9, 1949</u>
--	-------------------------------	------------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>September 8, 1888</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>0</u>	IF UNDER 10 MINS. Hours <u>0</u>	Mins. <u>0</u>
-----------------------	----------------------------------	---	--	--	---------------------------------------	--------------------------------------	--	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Mercer County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	--

13a. FATHER'S NAME <u>James Elijah Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Vanderpool</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>510-14-3041</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Williams; Utica, Missouri</u>	ADDRESS <u>Utica, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, Left Lung, Sr</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 Mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from Dec 7, 1948, to Jan 9, 1949, that I last saw the deceased alive on Dec 7, 1948, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph A. Cannon M.D.</u>	23b. ADDRESS <u>Chillicothe, Mo</u>	23c. DATE SIGNED <u>Jan 11-49</u>
--	--	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-11-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Utica Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Utica, Missouri</u>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG <u>Jan 19, 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Norman Funeral Home; Chillicothe, Mo.</u>
--	---	--	---

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

59

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.

Signed

Ellen J. Norman

Signed _____

Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

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.

Missouri State Board of Health