

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5756

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green	
c. LENGTH OF STAY (in this place) 7 days		d. STREET ADDRESS (If rural, give location) Pike County Hospital	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital			
3. NAME OF DECEASED a. (First) SHELTON b. (Middle) _____ c. (Last) WILLIAMS		4. DATE OF DEATH (Month) (Day) (Year) March 3 1949	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH Sept 18 1895
9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 6 Days 19	IF UNDER 1 HR. Hours 19 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deak to Court		10b. KIND OF BUSINESS OR INDUSTRY Pike Co.	
11. BIRTHPLACE (State or foreign country) 9		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Jeff. D. Williams		13b. MOTHER'S MAIDEN NAME Emma Strader	
14. NAME OF HUSBAND OR WIFE Mary M. Williams			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes World War I		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Shelton Williams		ADDRESS Bowling Green 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compression fracture 1st lumbar vertebrae	
INTERVAL BETWEEN ONSET AND DEATH _____			
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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Louisiana, Pike, Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 4 1949 2 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Pushing car on ice			
22. I hereby certify that I attended the deceased from 2-25-49 to 3-3- , 1949, that I last saw the deceased alive on 3-3- , 1949, and that death occurred at 10:15 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Thos. Hewitt M.D.		23b. ADDRESS Louisiana, Mo	
23c. DATE SIGNED 3-9-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE March 6 1949	
24c. NAME OF CEMETERY OR CREMATORY Bowling Green		24d. LOCATION (City, town, or county) (State) Bowling Green MO	
DATE READ BY LOCAL REG. March 4, 1949		REGISTRAR'S SIGNATURE Berniece Collier	
25. FUNERAL DIRECTOR'S SIGNATURE Grace Bankhead		ADDRESS Bowling Green, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 25 1949

MAR 26 1949

RECEIVED
District Health Officer No
District File Number 3-49
Date Filed MAR 12 1949

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 *Harold C. Kline*

Licensed Embalmer No. *4597*

P. O. Address *Bowling Green*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.