

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7342

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>5069</u>		Registrar's No. <u>14</u>				
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Lamar Twp.</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Lamar Twp.</u>		0				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET - ADDRESS (If rural, give location) <u>Route 1</u>						
3. NAME OF DECEASED (Type or Print) <u>Elmer</u>			a. (First)		b. (Middle)		c. (Last) <u>williamson</u>			
4. DATE OF DEATH <u>March 9, 1949</u>		Month		Day		Year				
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>Feb. 11, 1900</u>				
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Isaac Williamson</u>			13b. MOTHER'S MAIDEN NAME <u>Bettie Spencer</u>			14. NAME OF HUSBAND OR WIFE <u>Tillie Resler Williams</u> on				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-09-3163</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Tillie Williamson, Lamar, Mo.</u>		ADDRESS				
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>Coronary thrombosis</u>				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) <u>High blood pressure</u>				<u>none</u>		
				DUE TO (c) <u>none</u>						
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 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) <u>Lamar</u>		(COUNTY) <u>Barton</u>		(STATE) <u>Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>March 8, 1949</u> , to <u>March 9, 1949</u> , that I last saw the deceased alive on <u>March 9, 1949</u> and that death occurred at <u>4 a. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>DR. Guindner M.D.</u>				23b. ADDRESS <u>LAMAR MO</u>				23c. DATE SIGNED <u>March 9</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/11/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>		24d. LOCATION (City, town, or county) <u>Lamar</u>		(State) <u>Missouri</u>		
DATE REC'D BY LOCAL REG. <u>MAR 10 1949</u>		REGISTRAR'S SIGNATURE <u>Marie Konantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home</u>		ADDRESS <u>Lamar, Mo.</u>				

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

RECEIVED

District Health Officer No. (

District File Number 349-304

Date filed 3-17-49

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 Clarence H. Chiles

Licensed Embalmer No. 34173

P. O. Address Lama 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.