

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 16861BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5949 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cuiver</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (In this place) <u>8 1/2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>7 Mi. S.W. of Bowling Green</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Mi. S.W. of Bowling Green</u>		d. STREET ADDRESS (If rural, give location) <u>7 Mi. S.W. of Bowling Green</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Lemuel</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Williamson</u>	(Month) <u>5</u>	(Day) <u>17</u>	(Year) <u>1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED—NEVER MARRIED, WIDOWED—DIVORCED. (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>12-8-1852</u>	9. AGE (In years last birthday) <u>96</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 100 HRS. Hours _____ Min. _____
--------------------	-------------------------------	--	-----------------------------------	---	--	---

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

13a. FATHER'S NAME <u>William Williamson</u>	13b. MOTHER'S MAIDEN NAME <u>Catharine Griffith</u>	14. NAME OF MUSBAND OR WIFE <u>May L. Williamson Dead.</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>R. C. Williamson</u>	ADDRESS <u>Bowling Green</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal infection</u>		
	ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic infection</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>		July/1944 10/24/43	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>Mo</u>
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 Oct 24, 1943, to May 17, 1949, that I last saw the deceased alive on May 15, 1949, and that death occurred at 5:17/19 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Virgens L. Harrison M.D.</u> (Degree or title)	23b. ADDRESS <u>Bowling Green, Mo</u>	23c. DATE SIGNED <u>5/18/49</u>
--	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-19-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Concord Church Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Pike Co. Mo.</u>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>5/28/49</u>	REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Elmore</u>	ADDRESS <u>Bowling Green Mo.</u>
---	--	--	----------------------------------

RECEIVED

District Health Officer No. 1

District File Number 6-49-9

Date Filed JUN 4 - 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.

Signed.....

H. B. Elmore

Signed.....

Student Embalmer

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.