

FILED JUN 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20360

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4359 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Portageville Point Pleasant</u>		c. CITY OR TOWN <u>Rural Point Pleasant</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>Portageville, Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>W.L.</u> b. (Middle) <u>Williams</u> c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-12-49</u>	
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. 2 1876</u>
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Obion Co. Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gibb Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Benton</u>	
14. NAME OF HUSBAND OR WIFE <u>Hester Williams</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Royce William</u> ADDRESS <u>Portageville, Mo</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>Cardiac failure</u> ANTECEDENT CAUSES <u>Ca. of Stomach</u> 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.	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>18 mo.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other building, 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 type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>June 12, 1949</u> , to <u>June 12, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. P. J. Salatto D.O.</u> (Degree or title)		23b. ADDRESS <u>Portageville, Mo.</u>	
23c. DATE SIGNED <u>6/13/49</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24a. DATE <u>June 13, 1949</u>		24b. NAME OF CEMETERY OR CREMATOR <u>Brownsville Cemetery</u>	
24c. LOCATION (City, town, or county) (State) <u>Brownsville Ky</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. E. Brown</u> ADDRESS <u>Mason Hall, Penn</u>	
DATE REC'D BY LOCAL REG. <u>June 15 1949</u>		REGISTRAR'S SIGNATURE <u>Ellen DeLule</u>	

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

72
0
0

RECEIVED

District Health Office No. 2,

District File Number ⁶⁴⁸⁻⁶⁹⁷

Date Filed JUN 21 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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.