

22781

STANDARD CERTIFICATE OF DEATH

FILED AUG 12 1949

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 246

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Oran (Rural)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Route 1</b>	

3. NAME OF DECEASED (Type or Print) <b>Elizabeth Williams</b>			4. DATE OF DEATH <b>July 18, 1949</b>		
a. (First)	b. (Middle)	c. (Last)	Date	Month	Year
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 16, 1900</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Days <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Marcella, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Prosper Clark</b>	13b. MOTHER'S MAIDEN NAME <b>Dovie Jackson</b>	14. NAME OF HUSBAND OR WIFE <b>Preston W. Williams</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Preston W. Williams</b> ADDRESS <b>Route 1, Oran, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute anaphalactic shock</b>	ANTECEDENT CAUSES <b>Cardio-renal failure</b>		<b>1 week</b>
DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>	DUE TO (c) <b>allergic syndrome (duration unknown)</b>		<b>1 week</b>
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	<b>Bronchial asthma..</b>		<b>442X</b>

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 type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>3:00 PM 6:00pm</b>
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22. I hereby certify that I attended the deceased from 7/18/49, 1949, to 7/18/49, 1949, that I last saw the deceased alive on 7/18/49, 1949, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. J. C. ...</b>	23b. ADDRESS <b>Street Clinic Bldg. Mo.</b>	23c. DATE SIGNED <b>7/30/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7/23/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>McGullen</b>
24d. LOCATION (City, town, or county) (State) <b>McGullen, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>8-1-1949</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	55. FUNERAL DIRECTOR'S SIGNATURE <b>F. J. Sparks</b> ADDRESS <b>Cape Girardeau, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-8-49

District Health Officer No. 4

District File Number 849-105

Date Filed

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 Frank Sparks

Signed Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.