

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 9 1949

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 68

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

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Wyatt, Rural</u>	c. LENGTH OF STAY (in this place) <u>16 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Wyatt Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi S.W. Wyatt</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi S.W. Wyatt</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>WILLIAMS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-10-49</u>
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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>5-27-1876</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Harming</u>	11. BIRTHPLACE (State or foreign country) <u>Perry, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Allen Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Stokesberry</u>	14. NAME OF HUSBAND OR WIFE <u>Lorene Williams</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Not known</u>	16. SOCIAL SECURITY NO. <u>None known</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lorene Williams</u> ADDRESS <u>Rt. D, Wyatt Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>16 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular Fibrillation</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Myocarditis</u> DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>422^v</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Apr 3 ⁴⁸, to July 10, 1949, that I last saw the deceased alive on June 21, 1949, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. Chas. Kleving M.D.</u>	23b. ADDRESS <u>Charleston Mo</u>	23c. DATE SIGNED <u>7/23/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>So. Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>
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DATE REC'D BY LOCAL REG <u>July 29-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. John Bondurant</u>	19 <u>49</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. ...</u> ADDRESS <u>Charleston Mo.</u>
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AUG 6 1948
~~AUG 06 P.M.~~

RECEIVED

District Health Office No. 2,

District File Number ~~2684~~ 765

Date Filed _____

AUG 10 1948

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 J. P. Bunnelee

Signed _____
Student Embalmer

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.