S. No. 300
10-48

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29029

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 36

103
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Castor ~~Bloomfield~~, Mo.
c. LENGTH OF STAY (in this place): R.#3
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): -------

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard 102
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Castor 0 0
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): ELLEN
b. (Middle): FAY
c. (Last): WILLIAMSON

4. DATE OF DEATH (Month) (Day) (Year): July 30, 49

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: April 14, 1943
9. AGE (In years last birthday): 6 — IF UNDER 1 YEAR: Months 3, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Stoddard co. Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: R. A. Williamson
13b. MOTHER'S MAIDEN NAME: Herma Barker
14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: R. A. Williamson, Bloomfield, R.#3

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor — INTERVAL BETWEEN ONSET AND DEATH: DK

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Consilation Dr. Herbert Cape Guardian
DUE TO (c) no

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 223X

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1st, 1949, *to* July 3, 1949, *that I last saw the deceased alive on* July 1st, 1949, *and that death occurred at* 10a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. S. Davis M.D.
23b. ADDRESS: Dexter Mo
23c. DATE SIGNED: 8/13/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 1-49
24c. NAME OF CEMETERY OR CREMATORY: South Pleasant Valley
24d. LOCATION (City, town, or county) (State): Stoddard co. Mo.

DATE REC'D BY LOCAL REG.: 8-19-49
REGISTRAR'S SIGNATURE: Rose Webber 255
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: CHILES UNDERTAKING CO. Bloomfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 22 1949
District Health Office No. 2
District File Number 849-85
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 Lulu Cooper # 3499 Student Embalmer No. , working under my personal supervision.

Signed Lulu C. Cooper

Signed ..... Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.