No. 300
10-48

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FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34230

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 116

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg
c. LENGTH OF STAY (in this place): 30 min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warrensburg Hospital & Clinic

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

3. NAME OF DECEASED (Type or Print)
a. (First): Russell
b. (Middle): Melvin
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): October 9, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 24, 1912
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: Walter T. Williams
13b. MOTHER'S MAIDEN NAME: Grace Hayes
14. NAME OF HUSBAND OR WIFE: Maudie Williams

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: Maudie Williams Leeton, Missouri

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) Bullet wound temporal area of head — INTERVAL BETWEEN ONSET AND DEATH: 50 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

E976X

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Johnson Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 9 1949 7:30 A.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* May 10, 1949, *to* Oct 9, 1949, *that I last saw the deceased alive on* June, 1949, *and that death occurred at* 8:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reed Mason M.D.
23b. ADDRESS: Warrensburg Mo
23c. DATE SIGNED: Oct 12 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-11-49
24c. NAME OF CEMETERY OR CREMATORY: Mineral Creek Cemetery
24d. LOCATION (City, town, or county) (State): Leeton Missouri

DATE REC'D BY LOCAL REG.: Oct. 13, 1949
REGISTRAR'S SIGNATURE: Savannah Crutch Fields 147
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: R A Brauninger Warrensburg, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 21 1950

RECEIVED

OCT 18 1949

JOHNSON COUNTY HEALTH DEPT.

OCT 28 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 Elma D. Tigelett, Student Embalmer No. 340, working under my personal supervision.

Student Elma D. Tigelett
Student Embalmer

Signed R. A. Brauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.