

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**40074**

State File No. ....

**FILED JAN 6 1950**

BIRTH NO. 78245-49 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 380

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Adair</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY OR TOWN <u>Kirksville</u>	c. LENGTH OF STAY (in this place) <u>10</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Greencastle Rural Route 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grim-Smith Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE 4</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Donald</u>	b. (Middle) <u>Eugene</u>	c. (Last) <u>Williams</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec. 28 1949</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Never Married!</u>	<b>8. DATE OF BIRTH</b> <u>Dec. 28, 1949</u>	<b>9. AGE</b> (In years last birthday) <u>7</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 2 HRS. Hours <u>44</u> Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Kirksville, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>
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<b>13a. FATHER'S NAME</b> <u>Clarence W. Williams</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Virginia Moralock</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Clarence W. Williams</u>	<b>ADDRESS</b> <u>Greencastle, Mo</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>30 min</u>  <u>from birth</u>  <u>7620</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cardiac failure - myocardial</u>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital <sup>partial</sup> atelectasis of lungs</u> & resultant <u>partial asphyxia</u> DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> <u>None</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Dec 28, 1949, to Jan 1, 1950, that I last saw the deceased alive on Dec 28, 1949, and that death occurred at 6:00 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Glenn E. Kent</u>	(Degree or title) <u>In. M.D.</u>	<b>23b. ADDRESS</b> <u>Kirksville, Mo</u>	<b>23c. DATE SIGNED</b> <u>12/29/49</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>	<b>24b. DATE</b> <u>DEC. 30, 1949</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>GREEN CASTLE CEM.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>GREEN CASTLE, MO.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>12-28-49</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Kate Lambert</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Glenn E. Kent &amp; Son</u>	<b>ADDRESS</b> <u>Green City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 1 1950  
District Health Officer No. \_\_\_\_\_  
District File Number 1-28-1  
Date Filed JAN 1 1950

**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.

Student .....  
Student Embalmer

Signed

*Karl R. Kent*

Licensed Embalmer No. 4689

P. O. Address Green City, 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.