

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40909

State File No. ....

FILED JAN 5 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 4202 Registrar's No. 25

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

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1. PLACE OF DEATH a. COUNTY <u>BRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BRUNDY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPICKARD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPICKARD</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>/</u>		d. STREET ADDRESS (If rural, give location) <u>53</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u>		b. (Middle) <u>L</u>	
c. (Last) <u>WILLIAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 16 1949</u>	
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>OCT-7-1870</u>	
9. AGE (In years last birthday) <u>79</u>		10. UNDER 24 HRS. (Hours) (Min.) <u>2 9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION FOREMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MERCER CO MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>LAURA</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY WILLIAMS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>MARY WILLIAMS</u>		ADDRESS <u>SPICKARD MO</u>	
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) <u>Organic heart disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>fallowing influenza</u>  DUE TO (b) _____  DUE TO (c) _____  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 <input type="checkbox"/> NO <input type="checkbox"/>		<u>4343</u>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:30 A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. W. Ewing, M.D.</u>		23b. ADDRESS <u>Spickard</u>	
23c. DATE SIGNED <u>12-17-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC-18-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SPICKARD MO</u>	
DATE REC'D BY LOCAL REG. <u>DEC-18-1949</u>		REGISTRAR'S SIGNATURE <u>Mr. Nathan Cooper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Schools Funeral Home</u>		ADDRESS <u>Spickard, Mo</u>	

JAN 26 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 \_\_\_\_\_

*Bob Wisco*

Licensed Embalmer No. 3771

P. O. Address Spickard 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.