

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12141

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5753- Registrar's No. 28

130

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

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural New York</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New York rural</u> <u>1130</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Richard</u>	b. (Middle)	c. (Last) <u>Williams</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>4</u> <u>24</u> <u>1950</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <u>2</u>	8. DATE OF BIRTH <u>7-25-1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>	11. BIRTHPLACE (State or foreign country) <u>Mankato, Minnesota</u>	12. CITIZEN OF WHAT COUNTRY? <u>/</u>
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13a. FATHER'S NAME <u>Richard Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Davis</u>	14. NAME OF HUSBAND OR WIFE
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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>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Williams, Kingston, Mo.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 MO.</u> <u>156 A</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> 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 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) (Min.)	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 Jan 1st, 1949, to April 24, 1950, that I last saw the deceased alive on April 24, 1950, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>O. C. Kilbourn, M.D., Cowgill, Mo.</u>	23b. ADDRESS	23c. DATE SIGNED <u>4-24-50</u>
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24a. BURIAL, CREMATION, REMOVAL <u>burial</u>	24b. DATE <u>4-26-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cowgill Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-28-50</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cramer Clark</u>	ADDRESS <u>Kingston, Mo.</u>
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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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, M

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.