

FILED MAY 10 1950

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

State File No. \_\_\_\_\_  
REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 816

*Chesler P49-3*

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

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Carthage</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Carthage,</b> <span style="float: right;">0443</span>	
c. LENGTH OF STAY (In this place) <b>35 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1130 James St.,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1130 James St.,</b>			
3. NAME OF DECEASED (Type or Print) <b>William Henry WILLIAMS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 28, 1950</b>	
a. (First)		b. (Middle)	
c. (Last)			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 27, 1882</b>
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 2 HRS. Days <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Green House</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	11. BIRTHPLACE (State or foreign country) <b>Crocker, Mo. 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>Finis Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Ogles</b>	14. NAME OF HUSBAND OR WIFE <b>Mae C. Williams</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mae C. Williams</b> ADDRESS <b>1130 James Carthage, Mo.</b>
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) <b>Angina Pectoris</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Toxemia</b> DUE TO (c) <b>dental sepsis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>		<b>2 da</b>	
<b>2 da</b>		<b>4202</b>	
19a. DATE OF OPERATION <b>—</b>	19b. MAJOR FINDINGS OF OPERATION <b>—</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <b>Carthage Jasper Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>—</b>	
22. I hereby certify that I attended the deceased from <b>Sept 17, 1947</b> , to <b>April 28, 1950</b> , that I last saw the deceased alive on <b>April 23, 1950</b> , and that death occurred at <b>1:15</b> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Albert B. Wheeler</b>		23b. ADDRESS <b>Carthage Mo 4-29-50</b>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/1/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Carthage Mo.</b>
DATE REC'D BY LOCAL REG. <b>5-1-50</b>	REGISTRAR'S SIGNATURE <b>L. B. Clinton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ulmer Funeral Home</b>	ADDRESS <b>Carthage, Mo.</b>

Per. & Feq. un. The Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-8-50  
Jasper County Health Office

County File Number 50-4-382  
Date Filed 5-8-50

REC'D MAY 11 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.....

.....  
working under my personal supervision.

Student Embalmer No. ....  
*Gene C. Pugh*

Student .....  
Student Embalmer

Signed Gene C. Pugh

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.