

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5444 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN) Albany	
c. LENGTH OF STAY (in this place) 8 hrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Athens Twp			

3. NAME OF DECEASED (Type or Print) a. (First) Rufus A. b. (Middle) Williams c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May I 1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 23-1886	9. AGE (In years last birthday) 63	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Daviess Co	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME John W. Williams	13b. MOTHER'S MAIDEN NAME Matina Groom	14. NAME OF HUSBAND OR WIFE Maud Williams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Maud Williams ADDRESS Albany, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Condition,		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) found dead on tractor 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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Gentry Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 1 1950 5P	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Heart attack on tractor
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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 **4 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Edith Childs (Degree or title) MD	23b. ADDRESS Gentry Mo	23c. DATE SIGNED 5-4-1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/4/50	24c. NAME OF CEMETERY OR CREMATORY McFall	24d. LOCATION (City, town, or county) (State) McFall Mo
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DATE REC'D BY LOCAL REG. 5-12-50	REGISTRAR'S SIGNATURE Edith Childs	25. FUNERAL DIRECTOR'S SIGNATURE H. S. Sromer ADDRESS Pattonsburg, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0561 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 *G. S. Croner*

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.