

FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23455

State File No. _____

0470
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

BIRTH NO. 27211 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>IRON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>IRON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IRONTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IRONTON</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2 yrs.</u>		1470	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IRONTON Hospital</u>		d. STREET ADDRESS (If rural, give location) <u></u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID PAUL</u> b. (Middle) <u>WILLIAMS</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 2, 1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, () WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JUNE 2, 1950</u>
9. AGE (In years last birthday) <u>3</u>		IF UNDER 1 YEAR Months <u></u> Days <u>30</u>	IF UNDER 4 HRS. Hours <u>3</u> Min. <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u></u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>PAUL VERNON WILLIAMS</u>	
13b. MOTHER'S MAIDEN NAME <u>EVELYN NABORS</u>		14. NAME OF HUSBAND OR WIFE <u></u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Paul Vernon Williams Bismarck, Mo.</u>		ADDRESS <u></u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u></u>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hours</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Breech delivery, primipara.</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u></u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Marginal placenta previa.</u>		7/10 AD	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>6-2</u> , 19 <u>50</u> , to <u>6-2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-2</u> , 19 <u>50</u> , and that death occurred at <u>12:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ben W. Bull</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Ironton, Mo.</u>	
23c. DATE SIGNED <u>6-6-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>6-4-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow</u>	
24d. LOCATION (City, town, or county) (State) <u>Bismarck MO</u>		DATE REC'D BY LOCAL REG. <u>June 8, 1950</u>	
REGISTRAR'S SIGNATURE <u>Miss Ann Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shimman-Jones Bismarck, Mo.</u>	
ADDRESS <u></u>		ADDRESS <u></u>	

RECORDED JUL 9 1950
Health Office No. 6,
District File Number _____
Date Filed _____

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 Queret Sparks

Licensed Embalmer No. 4287

P. O. Address Flat River MD

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.