S. No. 300
Rev. 10-48

0350

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26507

BIRTH NO. 26813-50 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY: DUNKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL: INDEPENDENCE TWP.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural #1 Kennett, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: DUNKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL: INDEPENDENCE TWP.
d. STREET ADDRESS (If rural, give location): Rt. 1 KENNETT, MO.

3. NAME OF DECEASED (Type or Print): a. (First) GARRY b. (Middle) DEAN c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): Aug. 2, 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): X
8. DATE OF BIRTH: 4-15-50
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 3 Days 18; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): X
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DUNKLIN COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: TROY WILLIAMS
13b. MOTHER'S MAIDEN NAME: IMOLEE WESTERMAN
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: TROY WILLIAMS ADDRESS: Kennett, Mo Rt. #1

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): PERTUSSIS — INTERVAL BETWEEN ONSET AND DEATH: 1 MONTH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.: 0560

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-20, 1950, *to* 7-22, 1950, *that I last saw the deceased alive on* 7-22, 1950, *and that death occurred at* 7:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Trenton Tarver, M.D.
23b. ADDRESS: Kennett, Mo.
23c. DATE SIGNED: 8-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/3/50
24c. NAME OF CEMETERY OR CREMATORY: Hazel
24d. LOCATION (City, town, or county) (State): Kennett, Mo.

DATE REC'D BY LOCAL REG.: 8-4-1950
REGISTRAR'S SIGNATURE: Carl Husbarder
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Paul Salmon - Kennett, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 8-7-50

COUNTY FILE NUMBER 850-233

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 [illegible]

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.