

No. 300  
10.48

FILED SEP 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27374

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

BIRTH NO: \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 55E4 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Meramec</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Meramec 0590</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Emka CR #1</u>		d. STREET ADDRESS (If rural, give location) <u>Emka CR #1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EURENE</u> b. (Middle) <u>Williams</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 28-1950</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>Nov-28-1867</u>
9. AGE (In years last birthday) <u>82</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Dittmer Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Israhm Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Wideman</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Nora Davis Emka Mo</u>	
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension + arteriosclerosis</u> DUE TO (c) <u>Lobar pneumonia</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic atelectasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> <u>15 yrs</u> <u>8 days</u> <u>2 mo</u>
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>448X</u>	
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>448X</u>	
22. I hereby certify that I attended the deceased from <u>12-31</u> , 19 <u>41</u> , to <u>8-28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-28</u> , 19 <u>50</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H B Bunch</u>		23b. ADDRESS <u>Emka, Mo.</u>	23c. DATE SIGNED <u>8-29-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 31, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Grubwell Mo</u>
DATE REC'D BY LOCAL REG. <u>Sept 2-50</u>	REGISTRAR'S SIGNATURE <u>Mrs Ruth J. J. J.</u>	438	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John W. Drummer House Spring</u>

Dr. John Brunner (Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 9-6-50

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. ....

Signed

*Van Signature*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4343

P. O. Address 4315 Mandator St

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.