

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29129

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 136	
1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Sikeston,</b>		c. LENGTH OF STAY (In this place) <b>8 Mo.,</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Sikeston, Missouri</b>		100 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MO., Delta Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>209 Alabama Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hubert</b>		b. (Middle)		c. (Last) <b>Williams</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9 9 1950</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Feb. 17 1926</b>	
9. AGE (In years last birthday) <b>24</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common Labor</b>		11. BIRTHPLACE (State or foreign country) <b>Clarkton Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Stella Anthany</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War II</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Williams 209 Alabama St.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>STABBED - IN HEART</b>				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Internal Hemorrhage</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		100		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street South of Sikeston</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Sikeston Scott Mo</b>		21f. HOW DID INJURY OCCUR? <b>Stabbed by Another Person</b>	
21d. TIME OF INJURY (Month) (Day) (Year) <b>9-8-1950</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>first call after death</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3:00 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Lyde Poe</b>		(Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Sikeston Mo</b>		23c. DATE SIGNED <b>9/11/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9-9-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Helma Bern.</b>		24d. LOCATION (City, town, or county) (State) <b>8 W. of Blytheville Ark</b>	
DATE REC'D BY LOCAL REG. <b>Sept 13-50</b>		REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred J. Smith</b>		ADDRESS <b>1212 Mand St. Sikeston Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 15 1955

FEB 6 1955

APR 15 1958

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.

Signed \_\_\_\_\_

*Fred J. Smith*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4408*

P. O. Address *Sikeston, 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.