

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED OCT 13 1950

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 2001 Registrar's No. 439

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin
c. LENGTH OF STAY (If this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jasper
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City 0492
d. STREET ADDRESS (If rural, give location) 832 W. 3rd St. 1

3. NAME OF DECEASED (Type or Print)
a. (First) Tom b. (Middle) Jack c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year)
September 22, 50

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 21, 1918

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 32 5 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman

10b. KIND OF BUSINESS OR INDUSTRY Salesman

11. BIRTHPLACE (State or foreign country) Joplin, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME R.H. Williams

13b. MOTHER'S MAIDEN NAME Cora Hunt

14. NAME OF HUSBAND OR WIFE Elda Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes

16. SOCIAL SECURITY NO. WW 11

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elda Williams Webb City, Mo.

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degeneration of the adrenals from shock syndrome
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gangrenous omentum from torsion
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Patient in shock at time of surgery

INTERVAL BETWEEN ONSET AND DEATH 5 days
Progressive for 2 wks.
578X

19a. DATE OF OPERATION 9-18-50

19b. MAJOR FINDINGS OF OPERATION Gangrenous omentum

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 9-17, 1950, to 9-22, 1950, that I last saw the deceased alive on 9-22, 1950, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS 410 Jackson, Joplin, Mo.

23c. DATE SIGNED 10-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-26-50

24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery

24d. LOCATION (City, town, or county) (State) Webb City, Missouri

DATE REC'D BY LOCAL REG. 10-5-50

REGISTRAR'S SIGNATURE [Signature] 138

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge Lewis Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-9-50
Jasper County Health Office

County File Number 50-9-723
Date Filed 10-10-50

FEB 6 1951

10-10-50

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Leonard J. Lewis*

Licensed Embalmer No. *2561*

P. O. Address *Wills City, 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.