

FILED DEC 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36324
Registrar's No. 65-

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4060

1. PLACE OF DEATH
a. COUNTY CALDWELL
b. CITY OR TOWN BRECKENRIDGE
c. LENGTH OF STAY (in this place) 20 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION BRECKENRIDGE CITY LIMITS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY CALDWELL
c. CITY OR TOWN BRECKENRIDGE 0130
d. STREET ADDRESS CITY LIMITS

3. NAME OF DECEASED (Type or Print)
a. (First) LEWIS b. (Middle) HARVEY c. (Last) WILLIAMSON
4. DATE OF DEATH (Month) (Day) (Year) NOV. 3 50

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH JULY 17, 1872 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 4 IF UNDER 24 HRS. Days 14 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING
10b. KIND OF BUSINESS OR INDUSTRY FARMER
11. BIRTHPLACE (State or foreign country) CALDWELL CO., MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME JOHN D. WILLIAMSON
13b. MOTHER'S MAIDEN NAME CAROLINE BAKER
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME RAY TROSPER
ADDRESS BRECKENRIDGE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy
ANTECEDENT CAUSES Hypertension, arteriosclerosis, supratentorial tumor
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. 443X

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? _____

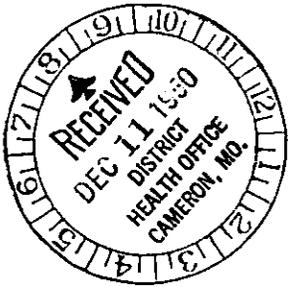
22. I hereby certify that I attended the deceased from Oct 13, 1950, to Nov 3, 1950, that I last saw the deceased alive on Nov 3, 1950, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE J.W. Webb M.D. (Degree or title)
23b. ADDRESS Breckenridge, Mo
23c. DATE SIGNED 11-6-50

24a. BURIAL CREMATION REMOVAL (Specify) BURIAL
24b. DATE NOV. 5, 1950
24c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY
24d. LOCATION (City, town, or county) (State) BRECKENRIDGE, MO.

DATE REC'D BY LOCAL REG. 12-5-50
REGISTRAR'S SIGNATURE Mrs. Nell B Jones
373
5. FEDERAL DIRECTOR'S SIGNATURE Michael Braymer, Mo
ADDRESS _____

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



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 _____

Gene C. Michael

Licensed Embalmer No. _____

4340

P. O. Address _____

Braymer, 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.