

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37768

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 409

1. PLACE OF DEATH a. COUNTY <b>MARION</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>		
b. CITY OR TOWN <b>HANNIBAL</b>		c. LENGTH OF STAY (in this place) <b>2 DAYS</b>	c. CITY OR TOWN <b>RURAL, INDIAN CREEK TOWNSHIP</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. ELIZABETH HOSPITAL</b>			d. STREET ADDRESS (If rural, give location) <b>STOUTSVILLE RR. 2.</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>TERRANCE</b> c. (Last) <b>WILLIAMS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 5 1950</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>June 27 - 1947</b>	9. AGE (In years last birthday) <b>3</b>	<input type="checkbox"/> UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Marion County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Steven Williams</b>	13b. MOTHER'S MAIDEN NAME <b>Lela Buckman</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Stephen A. Williams</b> ADDRESS

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>PULMONARY INFARCTS, MULTIPLE</b>		<b>12 HOURS</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>AURICULAR FIBRILLATION</b> DUE TO (c) <b>ACIDOSIS, SEVERE</b>		<b>12 HOURS</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4331</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Samuel B. Leland, M.D.</b>	23b. ADDRESS <b>HANNIBAL, MISSOURI</b>	23c. DATE SIGNED <b>12-5-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/7-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Stevens Indian Creek</b>
24d. LOCATION (City, town, or county) (State) <b>MONROE CITY, MO.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WILSON &amp; SON'S</b> ADDRESS <b>MONROE CITY MO</b>	
DATE REC'D BY LOCAL REG. <b>12-7-50</b>	REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke</b>	By <b>W. C. Fisher</b> Deputy

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.480644  
0

RECEIVED DEC 8 1950  
MARION CO. HEALTH DEPT.  
DATE FILED DEC 8 1950

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 \_\_\_\_\_

*Lester L. Gibson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2414

P. O. Address Monroe 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.