

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43297

FILED DEC 27 1950

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>188</u>			
1. PLACE OF DEATH a. COUNTY <u>De Witt</u>				2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>De Witt</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dekeston</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dekeston</u>		d. STREET ADDRESS (If rural, give location) <u>213 Debie St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans and Infirmary Nursing Home</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>COWEE</u>		b. (Middle)		c. (Last) <u>WILLIAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4 1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, SEPARATED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 2 1885</u>			
9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>10</u>		11. DAYS <u>2</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>at home</u>				10b. KIND OF BUSINESS OR INDUSTRY					
11. BIRTHPLACE (State or foreign country) <u>Arcola, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Saul Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen</u>			
13c. NAME OF HUSBAND OR WIFE <u>Charley Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Charley Williams</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Annie Sims</u>				17. ADDRESS <u>Dekeston, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4. _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>11-27</u> , 19 <u>50</u> , to <u>12-4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-4</u> , 19 <u>50</u> , and that death occurred at <u>1:40 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. M. Sarno</u>				23b. ADDRESS <u>Morhouse, Mo.</u>		23c. DATE SIGNED <u>12-13-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dekeston Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dekeston, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-20-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd S. Morgan</u>		ADDRESS <u>Dekeston, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

William H. Morgan

working under my personal supervision.

Student Embalmer No. _____

Signed *William H. Morgan*

Signed _____
Student Embalmer

Licensed Embalmer No. *4640*

P. O. Address *Adams, 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.