

FILED FEB 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1602

BIRTH NO. REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morse Mill		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morse Mill	
c. LENGTH OF STAY (in this place) yrs.		050 ⁰⁰	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen'l Delivery		d. STREET ADDRESS (If rural, give location) Gen'l. Delivery	

3. NAME OF DECEASED a. (First) PEARL b. (Middle) B. c. (Last) WILLIAMS			4. DATE OF DEATH (Month) (Day) (Year) JAN. 12-1951		
5. SEX F. / W.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAY 2-1889		9. AGE (In years Last birthday) 61		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Morse Mill, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Columbus McCulloch		13b. MOTHER'S MAIDEN NAME Anna Douglas		14. NAME OF HUSBAND OR WIFE Wilbert Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilbert Williams Morse Mill, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza		DUE TO (c) Arthritis Deformans			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				490X	

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)		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 Jan 9th, 1951, to Jan 12th, 1951, that I last saw the deceased alive on Jan 11th, 1951, and that death occurred at 10:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE V.B. Edwards (Degree or title) M.D.		23b. ADDRESS Cedar Hill, Mo.		23c. DATE SIGNED 1/15/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-15-51		24c. NAME OF CEMETERY OR CREMATORY Bethlehem	
24d. LOCATION (City, town, or county) Jefferson Co.		24e. (State) Mo.			

DATE REC'D BY LOCAL REG. 1-15-51		REGISTRAR'S SIGNATURE Kathleen Marsden		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS De Soto, Mo. See Mathusheal	
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(Licensed Embalmer's Statement on Reverse Side)

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

500

1961
G. W. H. H.

JEFFERSON COUNTY HEALTH DEPT,
HILLSBORO, MISSOURI
DATE RECEIVED 2-1-51

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.....
Student Embalmer

Signed Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.