No. 300
10.48

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4365

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 28

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gasconade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Washington~~ Bland U370
d. STREET ADDRESS (If rural, give location): ~~Washington~~ Bland, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Homer
b. (Middle): Leslie
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): Feb 12 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 19, 1899
9. AGE (In years last birthday): 51 — If under 1 year: Months 6, Days 23 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Resturant
11. BIRTHPLACE (State or foreign country): Furesville Mo.
12. CITIZEN OF WHAT COUNTRY?: U S A
13a. FATHER'S NAME: Nath Williams
13b. MOTHER'S MAIDEN NAME: Eva Shockley
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-03-0313
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Henry Seba. Bland, Mo. R D

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Nephritis chr. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocarditis

DUE TO (c) — 4/22 2

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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* Feb 7 *1951, to* Feb. 12 *1951, that I last saw the deceased alive on* Feb 12 *1951, and that death occurred at* 3:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M D
23b. ADDRESS: Washington Mo
23c. DATE SIGNED: 2/14/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 14, 1951
24c. NAME OF CEMETERY OR CREMATORY: Bland Union
24d. LOCATION (City, town, or county) (State): Bland, Mo.

DATE REC'D BY LOCAL REG. Feb. 14, 1951
REGISTRAR'S SIGNATURE: 99
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Morton Funeral Home . Linn, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
FEB 19 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 Vernon M. Morton

Signed _____
Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Leon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.