

FILED MAR 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7804

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 10

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

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u> 0201	
c. LENGTH OF STAY (In this place) <u>15 Day</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nichols Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u> b. (Middle) <u>B.</u> c. (Last) <u>WILLIAMSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-7-1951</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Oct 14, 1896</u>		9. AGE (In years last birthday) <u>54</u> If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machinist</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY?	

13. FATHER'S NAME <u>Dick Williamson</u>		13b. MOTHER'S MAIDEN NAME <u>Ora Callman</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M. Williams</u>		ADDRESS <u>El Dorado Springs</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>				6 mo	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)				4/222	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Feb 29, 1951, to Mar 7, 1951, that I last saw the deceased alive on Mar 7, 1951, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. Kunderwitz</u> (Degree or title)		23b. ADDRESS <u>502 El Dorado Spgs. Mo.</u>		23c. DATE SIGNED <u>3-7-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-8-51</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Cedar Vale Kansas</u>	
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DATE REC'D BY LOCAL REG. <u>MARCH 8, 1951</u>		REGISTRAR'S SIGNATURE <u>W. H. Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Delbert Swinn</u>		ADDRESS <u>Carroll El Dorado Springs</u>	
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAR 13 1951

Dist. File 337-234

Date Filed 3-13-51

1951 F 1 1951

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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

*Floyd E. Carothers*

Licensed Embalmer No. 4419

P. O. Address

*E. Roads Spring*

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.