S. No. 300
v. 10-48

FILED MAY 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17194

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5662 Registrar's No. 54

0560
4

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

1. PLACE OF DEATH
a. COUNTY: LEWISS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~LYONS~~ LA BELLE TWP
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PRARIE VIEW REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~LYONS~~ LA BELLE TWP 0560
d. STREET ADDRESS (If rural, give location): 2 miles east of LEWISTOWN

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle):
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) MAY (Day) 14 (Year) 1951

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED 0
8. DATE OF BIRTH: APRIL 10, 1866
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 1, Days 4 — IF UNDER 1 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): LEWIS COUNTY 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ROBERT WILLIAMS
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: HOMER SMITH MONTICELLO, MO.
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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis and Rheumatism — 15 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 724 X
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* Dec. 24, 1950, *to* May 14, 1951, *that I last saw the deceased alive on* May 12, 1951, *and that death occurred at* 10:00A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry L. McBrachen D. O.
23b. ADDRESS: La Belle, Missouri
23c. DATE SIGNED: 5/16/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 0
24b. DATE: MAY 15, 1951
24c. NAME OF CEMETERY OR CREMATORY: MONTICELLO
24d. LOCATION (City, town, or county) (State): MONTICELLO, MO.

DATE REC'D BY LOCAL REG.: 5-19-51
REGISTRAR'S SIGNATURE: P. H. Jennings M. Do 161
25. FUNERAL DIRECTOR'S SIGNATURE: Charles L. Arnold, Jr.
ADDRESS: Lewistown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 2 3 1951
Date Received:
DISTRICT HEALTH OFFICE #2
District File Number S-51-974
Date Filed: MAY 2 4 1951

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~~ NOT EMBALMED

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.