

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29852

State File No. ....

FILED SEP 25 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Reward</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0450</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boonville Boarding Home</u>		d. STREET ADDRESS (If rural, give location) <u>New Franklin</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) <u>Williams</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14-1951</u>	
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>May 16 1878</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTH PLACE (State of foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Not known</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R.W. Kingsbury</u> ADDRESS <u>New Franklin, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Bronchitis + asthma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5 years</u> <u>3 years</u> <u>5 years</u>		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION <u>none</u>		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 <u>Mar. 1951</u> , to <u>Sept 14, 1951</u> , that I last saw the deceased alive on <u>Sept 13, 1951</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>G.L. Chamberlain MD</u>		23b. ADDRESS <u>New Franklin Mo</u>	
23c. DATE SIGNED <u>9-15-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	
24b. DATE <u>Sept 14-51</u>		24c. NAME OF GEMETERY OR CREMATORY <u>Mt. Pleasant</u>	
24d. LOCATION (City, town, or county) (State) <u>New Franklin, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G.S. Klueber</u> ADDRESS <u>New Franklin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-16-51</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u> <u>381</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4

0272

RECEIVED 9-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 9-24-51 -----

103-2-1-10

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 -----

Student Embalmer No. -----

working under my personal supervision.

Signed *R. L. Hall* -----

Signed -----  
Student Embalmer

Licensed Embalmer No. *3515*

P. O. Address *New Franklin, 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.