

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30028

State File No. _____

FILED OCT 1 1951

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 824

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Missouri Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) 31	c. CITY (If outside corporate limits, write RURAL and give township) Miller 0530
d. FULL NAME OF HOSPITAL OR INSTITUTION OSARK OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) Cass	b. (Middle) Vencil	c. (Last) Williams	4. DATE OF DEATH (Month) Sept. (Day) 23 (Year) 51
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5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Jan. 3, 1866	9. AGE (In years) (Month) 85 (Day) _____ (Year) _____	10. USUAL OCCUPATION (Give kind of work done throughout life, even if retired) Retired	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S. state
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10a. USUAL OCCUPATION (Give kind of work done throughout life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY MAIL CARRIER	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S. state
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13a. FATHER'S NAME George W. Williams	13b. MOTHER'S MAIDEN NAME Grantham	14. NAME OF HUSBAND OR WIFE Martillie Williams
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Delbert E. Williams, Wichita, Kansas	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (5 days status)		
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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Aug. 25, 1951, to Sept. 25, 1951, that I last saw the deceased alive on Sept. 25, 1951, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE William A. Vogel	(Degree or title)	23b. ADDRESS 202 Springfield Mo	23c. DATE SIGNED Sept. 25/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/28/51	24c. NAME OF CEMETERY OR CREMATORY Shiloh	24d. LOCATION (City, town, or county) (State) Miller, Missouri
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DATE REC'D BY LOCAL REG. 9-26-51	REGISTRAR'S SIGNATURE W.E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Robert L. Marshall	ADDRESS Warrens MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1396
6

1961 I ADM

ST 1070
10/10/61

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.....

Myself

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Orson L. Marsh

Licensed Embalmer No. *3812*

P. O. Address *Quinn 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.