V.S. No. 300
Rev. 10.48

FILED DEC 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37006

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1019

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 30 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
d. STREET ADDRESS (If rural, give location): 1620 E. Atlantic

3. NAME OF DECEASED (Type or Print): a. (First) Glenn b. (Middle) Dale c. (Last) Williams.
4. DATE OF DEATH: (Month) Nov (Day) 28 (Year) 1951
5. SEX: M.
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Dec. 5 1916
9. AGE (In years last birthday): 34 — 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): Foundry Worker
10b. KIND OF BUSINESS OR INDUSTRY: STEEL CASTING Co
11. BIRTHPLACE (State or foreign country): Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Victor Williams.
13b. MOTHER'S MAIDEN NAME: Bessie Harmon.
14. NAME OF HUSBAND OR WIFE: Arvie.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes. (If yes, give war or dates of service): World War
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Cleota Williams — ADDRESS: 856 S. Douglas.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2nd degree burns face, trunk, upper & lower extremities — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

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.* E9163 5

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.): Stanley Elec. Steel Co
21c. (CITY, TOWN, OR TOWNSHIP) Springfield, (COUNTY) Greene (STATE) Mo
21d. TIME OF INJURY: (Month) Nov (Day) 23 (Year) 51 (Hour) 2:20 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Explosion 133

22. I hereby certify that I attended the deceased from 23 Nov, 1951, to 25 Nov, 1951, that I last saw the deceased alive on 28 Nov, 1951, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE: Horace Arch Rowe, M.D. (Degree or title)
23b. ADDRESS: Medical Arts Bldg
23c. DATE SIGNED: 27 Nov 51
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov 29, 1951
24c. NAME OF CEMETERY OR CREMATORY: National Cem.
24d. LOCATION (City, town, or county) (State): Springfield, Mo
DATE REC'D BY LOCAL REG.: 11-28-51
REGISTRAR'S SIGNATURE: Earl Williamson, Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE: Alma Johnmeyer, ADDRESS: Springfield, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 3 1955

12 1955

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.

Student ..... Student Embalmer

Signed James W. Wair

Licensed Embalmer No. 4650

P. O. Address Springfield, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Greene }

State File No. 37006
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17th day of February, 1952 before me appears Dr H. A. Lowe Jr, who, upon his oath, states that the original record of birth/death for Glen Dale Williams, died/born November 25, 1951 in the State of Missouri, and which was filed at Springfield, Mo. on Nov 28, 1951, should be corrected as follows:

Item No. 4 should read November 25, 1951
Instead of November 28, 1951

Item No. 24b should read November 29, 1951
Instead of November 28, 1951

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Horace A. Lowe, Jr. M.D.
Relationship.

Medical arts Bldg.
Springfield Mo.
Present Address.

Subscribed and sworn to before me this 7th day of February, 1952

My Commission expires October 31, 1955

Jewell E. Windle Jr. Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
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