

FILED JAN 25 1952

# STANDARD CERTIFICATE OF DEATH

State File No. 1940

BIRTH NO. _____		REG. DIST. NO. <u>182</u>		PRIMARY REG. DIST. NO. <u>5679</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baker Twp.</u>		c. LENGTH OF STAY (If in this place) <u>70 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baker Twp.</u>		<u>0580</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD 2, St. Catherine, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>RFD 2, St. Catherine</u> <u>9</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BIRD</u> b. (Middle) <u>WILLIAMS</u> c. (Last) <u>WILLIAMS</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>January 18, 1952</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>May 5, 1881</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Linn County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13a. FATHER'S NAME <u>Harvey Williams</u>			
13b. MOTHER'S MAIDEN NAME <u>Amanda Pace</u>				14. NAME OF HUSBAND OR WIFE <u>Lola Ida Brown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Orlen H. Williams, St. Catherine, Mo.</u>				ADDRESS <u>Orlen H. Williams, St. Catherine, 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>Adenocarcinoma of Prostate with metastases to bones</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION <u>Nov 12, 1951</u>				19b. MAJOR FINDINGS OF OPERATION <u>Autopsy of Prostate with Adenocarcinoma of Prostate</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) <u>177X</u>			
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? _____				22. I hereby certify that I attended the deceased from <u>Jan 1</u> , 19 <u>51</u> , to <u>Jan 18</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Jan 18</u> , 19 <u>52</u> , and that death occurred at <u>11 p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Roy R. Haly</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Brookfield, Mo.</u>			
23c. DATE SIGNED <u>Jan 24, 1952</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Jan. 22, 1952</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Wright Funeral Home, Brookfield, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Jan. 22, 1952</u>				REGISTRAR'S SIGNATURE <u>Mrs. Bridget Kelley</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0580  
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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.....

*Harold B. Wright*

Signed.....

Student Embalmer

Licensed Embalmer No.....

3718

P. O. Address.....

Brookfield, 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.