

FILED FEB 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3653
Registrar's No. 14

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6115

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crowder 6115		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crowder 1050	
c. LENGTH OF STAY (in this place) 5yr.		d. STREET ADDRESS (If rural, give location) Rural 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			

3. NAME OF DECEASED (Type or Print) a. (First) Limas b. (Middle) _____ c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1952			
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 10, 1879	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 1	IF UNDER 12 HRS. Hours 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXXXX		10b. KIND OF BUSINESS OR INDUSTRY Common Labor		11. BIRTHPLACE (State or foreign country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Dora 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. 410, 10 0922	17. INFORMANT'S SIGNATURE OR NAME John Powell Crowder, Mo.	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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Pneumonia		
	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 493X	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 1-25, 1952, to 1-25, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE A. H. H. Tilt, M.D.	(Degree or title)	23b. ADDRESS St. Louis, Mo.	23c. DATE SIGNED 1-25-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-26-52	24c. NAME OF CEMETERY OR CREMATORY Smith West End Court West of St. Louis, Mo.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 1-26-52	REGISTRAR'S SIGNATURE Mrs. Olla Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Fred J. Smith	ADDRESS 1212 Main St.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 28 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 152-29

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.