

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8085

**FILED** MAR 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 124 PRIMARY REG. DIST. NO. 2000 Registrar's No. 296

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural 2nd Robberson</b> <u>0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2141 N. Broadway</b>		d. STREET ADDRESS (If rural, give location) <b>RFD#11</b> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Wayne</b> b. (Middle) <b>C.</b> c. (Last) <b>Williams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 22 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>23 May 1888</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Ely Williams</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Whittenburg</b>	14. NAME OF HUSBAND OR WIFE <b>Lora Williams</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lora Williams (Wife)</b>	ADDRESS <b>RFD#11 Spgfd. Mo</b>
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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) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Right Hemiplegia</b>		
	DUE TO (c) <b>Hypertension</b>		
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? <b>331X</b> 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) m.	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 Oct. 1950, 1950, to 3-22, 1952, that I last saw the deceased alive on 3-22, 1952, and that death occurred at 3:20P m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title)	23b. ADDRESS <b>Springfield Mo.</b>	23c. DATE SIGNED <b>3-24-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>24 March 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Robberson Prairie</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield Greene Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-25-52</b>	REGISTRAR'S SIGNATURE <b>James R. Amos M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. Klingner &amp; Co.</b>	ADDRESS <b>Springfield, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Student Embalmer

Signed J.B. Klugner

Licensed Embalmer No. 3358

P. O. Address Spangfield, Ill.

**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.