

APR 7 1952

STANDARD STATEMENT OF DEATH

State File No. 8863

0500  
1

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 2592 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN <u>Hatchin Rural</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	
c. CITY OR TOWN <u>Hematite</u>		d. STREET ADDRESS <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. LENGTH OF STAY (in this place) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3/21 / 52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11/6/1877</u>
9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Buckeye, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Buckeye, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Peter Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Dodson</u>	
13c. FATHER'S NAME _____		13d. MOTHER'S MAIDEN NAME _____	
14. NAME OF HUSBAND OR WIFE <u>Gertrude Harel</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Williams</u>		ADDRESS <u>Hematite, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac decompensation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic bronchial asthma</u> 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 checked="" type="checkbox"/>		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) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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? _____		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>3-21</u> , 19 <u>51</u> , to <u>3-21</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-21</u> , 19 <u>52</u> , and that death occurred at <u>10:05 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Crystal City, Mo.</u>	
23c. DATE SIGNED <u>3-21-52</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/24/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hematite Christian</u>		24d. LOCATION (City, town, or county) (State) <u>Hematite, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-24-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
FURNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Festus, Mo.</u>	

444- (Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED MAR 25 1952  
APR 7 1952

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. \_\_\_\_\_

*Donald H. Vinyard*  
Donald H. Vinyard

Signed \_\_\_\_\_

Student .....  
Student Embalmer

Licensed Embalmer No. 4608

P. O. Address Fostus, 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.