

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12171  
State File No. ....

BIRTH NO. <u>12881</u>		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>164</u>			
PLACE OF DEATH a. COUNTY <p align="center">Butler</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>				b. COUNTY <p align="center">Butler</p>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <p align="center">Poplar Bluff</p>		c. LENGTH OF STAY (in this place) <p align="center">3 days</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Quin</p>		<p align="right">0120</p>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <p align="center">Poplar Bluff Hospital</p>				d. STREET ADDRESS (If rural, give location) <p align="center">Rural Route # 4</p>				<p align="right">/</p>	
3. NAME OF DECEASED (Type or Print)		a. (First) <p align="center">ROY</p>		b. (Middle) <p align="center">DALE</p>		c. (Last) <p align="center">WILLIAMSON</p>		4. DATE OF DEATH (Month) (Day) (Year) <p align="center">4/2/1952</p>	
5. SEX <p align="center">Male</p>		6. COLOR OR RACE <p align="center">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Never Married</p>		8. DATE OF BIRTH <p align="center">3/23/1952</p>		9. AGE (In years last birthday) IF UNDER 1 YEAR Days Hours Min. <p align="center">10</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Infant</p>			10b. KIND OF BUSINESS OR INDUSTRY <p align="center">None</p>			11. BIRTHPLACE (State or foreign country) <p align="center">Quin, Missouri</p>		12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>	
13a. FATHER'S NAME <p align="center">Frank Williamson</p>			13b. MOTHER'S MAIDEN NAME <p align="center">Helen Brannon</p>			14. NAME OF HUSBAND OR WIFE <p align="center">None</p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>			16. SOCIAL SECURITY NO. <p align="center">None</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p align="center">Frank Williamson Quin, Missouri</p>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <p align="center">2 days</p>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>John pneumonia</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p align="center">7630</p>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		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?					
22. I hereby certify that I attended the deceased from <u>4-2</u> , 19 <u>52</u> , to <u>4-2</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-2</u> , 19 <u>52</u> , and that death occurred at <u>8:45A</u> m. from the causes and on the date stated above.									
23a. SIGNATURE <i>Wm. H. Johnson M.D.</i>				23b. ADDRESS <p align="center">Poplar Bluff, Missouri</p>		23c. DATE SIGNED <p align="center">4-8-52</p>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">4/3/1952</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Ash Hill Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Gro. Fisk, Missouri</p>			
DATE REC'D BY LOCAL REG. <p align="center">Apr 5 1952</p>		REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i>		4256		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p align="center">Greer Gray &amp; Fitch Poplar Bluff, Mo.</p>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 15 1952

BUTLER CO. HEALTH CENTER

FILE No. 452-201

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 \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

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.