

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 14 1952

REG. DIST. NO. 235

PRIMARY REG. DIST. NO. 5817

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Mill Creek		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Mill Creek	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) No street numbers	
d. TOWN NAME OF (If not in hospital or institution, give street address or location) Syracuse, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Emmitt		b. (Middle) F.	
c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) May 6, 1952	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 5, 1904
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
10b. KIND OF BUSINESS OR INDUSTRY Public		11. BIRTHPLACE (State or foreign country) Cooper County Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jack Williams	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE -----	
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. -----	
17. INFORMANT'S SIGNATURE OR NAME Carrie Miller (Sister) Sedalia, Mo		ADDRESS -----	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete fracture of skull ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. E802X 35	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 071	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., farm, factory, street, office, etc.) Road	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mill Creek Twp - Morgan Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 6 - 52 3A.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR Struck by Motor Train			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 Am. , from the causes and on the date stated above.			
23a. SIGNATURE Wm. H. Barton, Coroner		23b. ADDRESS 3 Versailles, Mo	
23c. DATE SIGNED 5-7-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 8, 1952	
24c. NAME OF CEMETERY OR CREMATORY Syracuse Cemetery		24d. LOCATION (City, town, or county) (State) Syracuse, Missouri	
DATE REC'D BY LOCAL REG. 5/9/52		REGISTRAR'S SIGNATURE Myrtle Holsen Kelley	
EMERALD DIRECTOR'S SIGNATURE James E. Richards		ADDRESS Tipton, Mo	

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

0710

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

James E. Richardson

Licensed Embalmer No. 2466

P. O. Address Tipton, Missouri

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.