

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15802

State File No. ....

164  
0  
JUN 2 1952

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>158</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Cape Girardeau</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Cape Girardeau</u> )		a. STATE <u>Illinois</u>		b. COUNTY <u>Alexander</u>	
c. LENGTH OF STAY (in this place) <u>11 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cairo</u>		d. STREET ADDRESS (If rural, give location) <u>2304 Sycamore</u>		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Missouri Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2304 Sycamore</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Charles</u>		b. (Middle) <u>P.</u>		c. (Last) <u>Williams</u>		Date: (Month) (Day) (Year) <u>May 28 1952</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>		8. DATE OF BIRTH <u>12-25-1881</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucking contractor of U.S. mail</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>transfer agency</u>		11. BIRTHPLACE (State or foreign country) <u>SCOTT STATION ALABAMA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>not known</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>divorced</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>355-28-1808</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kara E. Blanks</u>		17. ADDRESS <u>517-12th St Cairo Ill.</u>	
18. NO. OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction small bowel</u>				<u>17 days</u>	
*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				DUE TO (b) <u>Valvulus small bowel</u>	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>17 days</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS				5763	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>5-19-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Valvulus small bowel, peritonitis</u>				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)			
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>5-18</u> , 1952, to <u>5-28</u> , 1952, that I last saw the deceased alive on <u>5-28</u> , 1952, and that death occurred at <u>11 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. P. Pitter, M.D.</u> (Degree or title)				23b. ADDRESS <u>1912 Broadway Cape Girardeau Mo.</u>		23c. DATE SIGNED <u>5-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>May 29 1952</u>		24c. NAME OF CEMETERY OR CRMATORY <u>not known</u>		24d. LOCATION (City; town, or county) (State) <u>Cairo Illinois</u>	
DATE REC'D BY LOCAL REG. <u>5-29-52</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. S. Donaldson</u>		ADDRESS <u>Cairo Illinois</u>	

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

DEC 14 1953

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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*C. R. Donaldson*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *5342*

P.O. Address *Cairo 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.