No. 300
10.48

0396

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31364

62978

FILED SEP 22 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 857

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RFD#9 0390
d. STREET ADDRESS (If rural, give location): Springfield RFD#9 /

3. NAME OF DECEASED (Type or Print)
a. (First): TERESA
b. (Middle): GAIL
c. (Last): WILLIAMSON

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16 1952

5. SEX: Female /

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married (

8. DATE OF BIRTH: 1 Sept. 1952

9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (City and State or Foreign Country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles W. Williams

13b. MOTHER'S MAIDEN NAME: Doris Jean ~~XXXXXXXXXX~~ Sloan

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S SIGNATURE OR NAME: Doris Jean Williamson — **ADDRESS**: Springfield Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Loss of Blood from

DUE TO (c) Ruptured Ectopic Gestation

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: 7730

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 15, 1952, *to* Sept 16, 1952, *that I last saw the deceased alive on* Sept 16, 1952 *and that death occurred at* 5:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] Jr — (Degree or title): MD

23b. ADDRESS: 609 Cherry St Springfield

23c. DATE SIGNED: 9/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 19, 52

24c. NAME OF CEMETERY OR CREMATORY: GREENLAWN CEMETERY

24d. LOCATION (City, town, or county) (State): Springfield Mo.

DATE REC'D BY LOCAL REG.: 9-20-52

REGISTRAR'S SIGNATURE: Ethel Williamson Dep Reg.

25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: J.W. KLINGNER & CO. SPRINGFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Perry Ind.

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.