S. No. 300
. 10.48

FILED OCT 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34573

State File No.

BIRTH NO. REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4149 Registrar's No. 31-1952

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cuba
d. STREET ADDRESS (If rural, give location): 0 28-0

3. NAME OF DECEASED (Type or Print)
a. (First): William "Bill"
b. (Middle): Wilson
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): 10-7-52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 24 1892
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 9, Days 13 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Soda Bottling Works
11. BIRTHPLACE (State or foreign country): Dent Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: David Williams
13b. MOTHER'S MAIDEN NAME: Mary Hargis
14. NAME OF HUSBAND OR WIFE: Myrtle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 500-07-0115
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Myrtle Williams — ADDRESS: Cuba, 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., but means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Rectum — INTERVAL BETWEEN ONSET AND DEATH: 3 years

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 154X
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* Aug 31 *1952, to* Oct 7 *, 1952, that I last saw the deceased alive on* Oct 7 *, 1952, and that death occurred at* 5:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph T De Fer (Degree or title): D.C., N.D.
23b. ADDRESS: Cuba, Mo.
23c. DATE SIGNED: 10-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-10-52
24c. NAME OF CEMETERY OR CREMATORY: Rinder Cemetery
24d. LOCATION (City, town, or county) (State): Cuba Mo.

DATE REC'D BY LOCAL REG.: 10/10/52
REGISTRAR'S SIGNATURE: Lucy A. Shamblin
25. FUNERAL DIRECTOR'S SIGNATURE: Fred A. Shamblin — ADDRESS: Cuba, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 14 1952

OCT 21 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 .....

..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Crawford }

State File No.
Local Registrar's No. 31-1952

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194...., before me appears Paul A. Shanklin, who, upon his oath, states that the original record of ~~birth~~ death for William "Bill" Wilson Williams, died ~~born~~ 10-7-1952, 19...., in the State of Missouri, and which was filed at Cuba, Mo. on 10-10, 1952, should be corrected as follows:

Item No. 8 should read Dec. 24, 1892
Instead of 9-13-1892

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Paul A. Shanklin Funeral Director
Relationship.

Cuba, Mo.
Present Address.

Subscribed and sworn to before me this 13 day of November, 1952

My Commission expires June 30-1954. Relfe A. Stephan Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
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Sup - 34573