S. No. 300
v. 10.48

FILED NOV 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37375

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 6118 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Scott	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oran (rural) c. LENGTH OF STAY (in this place) 15 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oran (rural) 1000 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Country Road	d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print)	a. (First) Preston	b. (Middle) W.	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1952
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Dec. 9, 1893	9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months 10 Days 15 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Warnet Lake, Arkansas 1	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Preston Williams	13b. MOTHER'S MAIDEN NAME Mary Jane Jackson	14. NAME OF HUSBAND OR WIFE Elizabeth Williams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes N (If yes, give war or dates of service) W.W. II	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Lee Williams, R. 1, Oran, Missouri		

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide poisoning - Exhaust from car

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.

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INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT, SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Road	21c. (CITY, TOWN, OR TOWNSHIP) Oran (COUNTY) Scott 100 (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 24, 1952 11 P m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Carbon Monoxide Gas Poisoning

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* 11:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Thelma C. Buckthorpe M.D. (Degree or title) Health Officer	23b. ADDRESS Benton Mo	23c. DATE SIGNED 10-27-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 30, 1952	24c. NAME OF CEMETERY OR CREMATORY McMullen
24d. LOCATION (City, town, or county) (State) McMullen, Missouri		
DATE REC'D BY LOCAL REG. NOV 7-52	REGISTRAR'S SIGNATURE Mrs Fred Bisplinghoff 4477	25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks ADDRESS Charleston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 01 1952

NOV 10 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1152-306

AUG 23 1954

NOV 14 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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Frank Sparks

Signed .....
Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.