

FILED DEC 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39151

State File No. 514

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>514</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JASPER</u>		a. STATE <u>INDIANA</u>		b. COUNTY <u>EVANSVILLE</u>		b. COUNTY (at admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) OR TOWNSHIP) <u>UNK</u>		c. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>EVANSVILLE</u>		<u>8130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>2200 BLOCK, WEST 7TH ST.</u>				d. STREET ADDRESS (If rural, give location) <u>1607 SWEETSER</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>WINFRED</u>	b. (Middle) <u>C.</u>	c. (Last) <u>WILLIAMS</u>	a. (Month) <u>NOV.</u>	b. (Day) <u>19,</u>	c. (Year) <u>1952</u>	6. COLOR OR RACE <u>MALE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNK</u>
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		8. DATE OF BIRTH <u>DEC. 26, 1905</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <u>46</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FOODS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GIBSON COUNTY, INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ALFRED C. WILLIAMS</u>			13b. MOTHER'S MAIDEN NAME <u>DORA SMITH</u>			14. NAME OF HUSBAND OR WIFE <u>-----</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNK</u>		16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>PAPERS FOUND ON BODY</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary occlusion fatal</u>			
				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
II. OTHER SIGNIFICANT CONDITIONS				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>			
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>(did not attend)</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. W. L. ...</u>				23b. ADDRESS <u>Specimen? Park Bldg</u>		23c. DATE SIGNED <u>11-20-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>11-20-52</u>		24c. NAME OF CEMETERY OR-CREMATORY		24d. LOCATION (City, town, or county) (State) <u>OWENSVILLE, INDIANA</u>	
DATE REC'D BY LOCAL REG. <u>11-21-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>			

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

04953

RECEIVED 11-28-52
Jasper County Health Office

County File Number 52/11/926
Date Filed 11-28-52

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.