

No. 300
10. 48

780

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39668

State File No.

FILED DEC 11 1952

BIRTH NO. 37811 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5905 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <u>Lemue</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lemue</u>	
b. CITY OR TOWN <u>Rural - Godan Sup</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Rural - Godan Sup</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Odell</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>June 8, 1952</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Days <u>19</u> IF UNDER 24 Hrs. <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Lemue Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>✓</u>	13b. MOTHER'S MAIDEN NAME <u>Opella Williams</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
-----------------------------	--	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lessie Williams Portageville Mo</u>	ADDRESS
--	----------------------------------	--	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Colienteritis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sept</u>		
	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 <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE <u>✓</u> (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 <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 on 11/24, 1952, to ✓, 19 , that I last saw the deceased alive on 11/24, 1952, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. J. O'Kelly M.D.</u>	23b. ADDRESS <u>110 W. 5 St Portageville Mo</u>	23c. DATE SIGNED <u>12/1/52</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 29, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calased Cem. 1.</u>	24d. LOCATION (City, town, or county) (State) <u>Portageville Mo</u>
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>12-8-52</u>	REGISTRAR'S SIGNATURE <u>John H. German 406</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Deliste Funeral Parlor - Portageville Mo</u>	ADDRESS
---	---	--	---------

12-351-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 9 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.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.