5. No. 300
. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31394

State File No.

FILED OCT 14 1953

BIRTH NO. 87816 REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4163 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jamesport
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):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jamesport 0310
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): JANE
b. (Middle): ALICE
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 3 1953

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Oct 2 - 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 23 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Jamesport Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Jack Williams
13b. MOTHER'S MAIDEN NAME: Gladys Murray
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Jack Williams
ADDRESS: Jamesport, Mo.

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): Prematurity

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 774X
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* Oct 3, 1953, *to* Oct 3, 1953, *that I last saw the deceased alive on* Oct 3, 1953, *and that death occurred at* 2:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. B. Bailey
(Degree or title): M.D.
23b. ADDRESS: Jamesport, Mo.
23c. DATE SIGNED: 10-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 6 - 1953
24c. NAME OF CEMETERY OR CREMATORY: Trotter Cemetery
24d. LOCATION (City, town, or county) (State): Carrollton, Missouri

DATE REC'D BY LOCAL REG.: 10-5-53
REGISTRAR'S SIGNATURE: Eugenia M Engelhart
81-0
25. FUNERAL DIRECTOR'S SIGNATURE: D L Roberson
ADDRESS: Jamesport

(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 O. L. Roberson

Licensed Embalmer No. 3744

P. O. Address Jamesport 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.