

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3688

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 12

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Stoddard</u> <u>1031</u>                            |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Dexter</u> |  | c. CITY (If outside corporate limits, write RURAL and give township).<br><u>Dexter</u> <u>1031</u>  |  |
| c. LENGTH OF STAY (In this place)<br><u>1118</u>                                      |  | d. STREET ADDRESS (If rural, give location)<br><u>0</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |   |  |

|  |                       |                           |  |
|--|-----------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Richard</u> | b. (Middle) <u>T.</u> | c. (Last) <u>Williams</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Jan. 8, 1954</u> |
|--|-----------------------|---------------------------|--|

|                                |                                  |   |  |   |  |   |
|--------------------------------|----------------------------------|---|--|---|--|---|
| 5. SEX<br><u>male</u> <u>0</u> | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>divorced</u> | 8. DATE OF BIRTH<br><u>Sept. 4, 1900</u> | 9. AGE (In years last birthday) <u>53</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HRS.<br>Hours _____ Mins. _____ |
|--------------------------------|----------------------------------|---|--|---|--|---|

|   |   |  |   |
|---|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Taxi operator</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Taxi business</u> | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Dexter, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
|---|---|--|---|

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|--|---|--|
| 13a. FATHER'S NAME<br><u>Clarence Williams</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Annie Woddard</u> | 14. NAME OF HUSBAND OR WIFE<br><u>divorced</u> |
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|  |   |  |         |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> <u>X X X</u> | 16. SOCIAL SECURITY NO.<br><u>X X X</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Annie Sherwood Dexter, Mo.</u> | ADDRESS |
|--|---|--|---------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver</u>   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |                                  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                   |  |                                  |

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>1561</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|---|--|

|  |  |   |
|--|--|---|
| 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 <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 Jan. 8, 1954 to Jan. 8th 54, that I last saw the deceased alive on Jan. 8, 1954, and that death occurred at 10:30 m., from the causes and on the date stated above.

|                                      |                   |                                    |                                   |
|--------------------------------------|-------------------|------------------------------------|-----------------------------------|
| 23a. SIGNATURE<br><u>[Signature]</u> | (Degree of title) | 23b. ADDRESS<br><u>Dexter, Mo.</u> | 23c. DATE SIGNED<br><u>1/9/54</u> |
|--------------------------------------|-------------------|------------------------------------|-----------------------------------|

|  |                             |  |   |
|--|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u> | 24b. DATE<br><u>1-10-54</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Hagy cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Dexter, Mo.</u> |
|--|-----------------------------|--|---|

|   |   |   |                               |
|---|---|---|-------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>1-9-54</u> | REGISTRAR'S SIGNATURE<br><u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Watkins Funeral Ser.</u> | ADDRESS<br><u>Dexter, Mo.</u> |
|---|---|---|-------------------------------|

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

**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

*Walter Marsh Watkins*

Licensed Embalmer No.

*4717*

P. O. Address

*Dexter, 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.