

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6998**
Registrar's No. **1043**

BIRTH NO. **MED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		e. STREET ADDRESS (If rural, give location) 4581 Cottage	2119
3. NAME OF DECEASED (Type or Print) a. (First) Maud b. (Middle) Calia c. (Last) Hooper Williams		4. DATE OF DEATH (Month) (Day) (Year) Feb. 1 1954	
5. SEX F	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 7, 1901
9. AGE (In years last birthday) 52		# UNDER 1 YEAR Months 11 Days	# UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Cival Creek, Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Hooker	
13b. MOTHER'S MAIDEN NAME Lessie Gholder		14. NAME OF HUSBAND OR WIFE Tom Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Luther Jones		ADDRESS 4581 Cottage	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction with Gangrene of Ileum(2 ft) 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. Resection of 2 ft. ileum -gangrenous	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 5705			
22. I hereby certify that I attended the deceased from 1-29 , 19 54 , to 2-1 , 19 54 , that I last saw the deceased live on 2-1 , 19 54 , and that death occurred at 2 a m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Carl Rallius M.D.		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 2-1-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 6, 1954	
24c. NAME OF CEMETERY OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) Leemay, Missouri	
DATE REC'D BY LOCAL REG. FEB 2 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE CB Kaue		ADDRESS 1221 N. Grand	

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.....
Signature of Student Embalmer

Signed *Guyton Swan*.....
Licensed Embalmer No. *458*
P. O. Address *1221st St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.