

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9491**

FILED APR 6 1954

BIRTH NO. _____ REG. DIST. NO. **239** PRIMARY REG. DIST. NO. **5825** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside the RURAL and give township) Catron		c. CITY (If outside corporate limits, write RURAL and give township) Catron 0720	
c. LENGTH OF STAY (In this place) 2 yr.		d. STREET ADDRESS (If rural, give location) 1/2 mi West of Catron	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED a. (First) WILLIE		b. (Middle)		c. (Last) WILLIAMS		4. DATE OF DEATH (Month) (Day) (Year) Mar. 20 1954		
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5. SEX M	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Dec. 25-1916	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 6 mos.
Married		Married	37	37	Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common labour.	10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) State of Louisiana	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Bertha Mae Williams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, be specific) No	16. SOCIAL SECURITY NUMBER 464-48-7348	17. INFORMANT'S SIGNATURE OR NAME Bertha Mae Williams	ADDRESS Catron
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot on left side of		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) neck with 38 pistol		
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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		E981 X

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Place	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Madrid MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March - 20 - 54 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Shot with pistol
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. H. G. Smith, Catron	23b. ADDRESS New Madrid, MO	23c. DATE SIGNED Mar. 20 - 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-22-54	24c. NAME OF CEMETERY OR CREMATORY Catron Colored	24d. LOCATION (City, town, or county) (State) Catron MO
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DATE REC'D BY LOCAL REG. 3/31/54	REGISTRAR'S SIGNATURE Dr. H. G. Smith	25. FUNERAL DIRECTOR'S SIGNATURE Walter S. Seward	ADDRESS Form
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(Licensed Embalmer's Statement on Reverse Side)

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.