

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22317

State File No.

FILED JUL 19 1954

Registrar's No. 199

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5168

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE MO. b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) McCREDIE TWP.	c. LENGTH OF STAY (in this place) 5 yrs.	c. CITY OR TOWN McCREDIE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION McCREDIE Twp Mo		e. STREET ADDRESS (If rural, give location) R-1	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) _____ c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) 7, 14, 1954	
5. SEX M.	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Dec. 27, 1897
9. AGE (In years last birthday) 72	10. KIND OF BUSINESS OR INDUSTRY LABORER	11. BIRTHPLACE (City and State or Foreign Country) Callaway Co	12. CITIZEN OF WHAT COUNTRY? U.S.A.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SANFORD LABORER	10b. KIND OF BUSINESS OR INDUSTRY LAB.	13b. MOTHER'S MAIDEN NAME J.K.	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME John Clifford Williams	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		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) Cardio Vascular Hypertension		
	DUE TO (c) Chronic Bronchitis		
11. 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 5021	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **June 27, 1954**, to **July 14, 1954**, that I last saw the deceased alive on **June 27, 1954**, and that death occurred at **12:00 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. Payne MD	23b. ADDRESS Rt 6 Fulton Mo	23c. DATE SIGNED 7/15/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-16-54	24c. NAME OF CEMETERY OR CREMATORY Crows Creek Cemetery	24d. LOCATION (City, town, or county) (State) Callaway Co. Mo
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DATE REC'D BY LOCAL REG. July-17-1954	REGISTRAR'S SIGNATURE Martha Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home	ADDRESS Fulton Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

6140

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.....

Licensed Embalmer No. 255

P. O. Address Pullman

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.