

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26504

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>335</u>	
1. PLACE OF DEATH a. COUNTY <u>CAPE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (in this place) <u>6 HRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u>		<u>1001</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTHEAST Missouri Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>206 COOK AVE. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>		b. (Middle) <u>(MAYN)</u>		c. (Last) <u>Williams JR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 4, 1954</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC. 22, 1880</u>	
9. AGE (in years last birthday) <u>73</u>		10. IF UNDER 1 YEAR (Days) <u>8</u>		11. IF UNDER 10 HRS. (Hours) <u>12</u>		11. BIRTHPLACE (State or foreign country) <u>Robinson County, TENN.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LOCOMOTIVE ENGR. (RET)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO Rlwy. CO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>FRANK Williams SR.</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA KIRKLAND</u>		14. NAME OF HUSBAND OR WIFE <u>LILLIE DABE Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>702-07-1506</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LAWRENCE Williams - CHAFFEE, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> 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 <u>26 hr</u>  <u>Unknown</u>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT <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 <u>Sept 3</u> 19 <u>54</u> , to <u>Sept 4</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 3</u> , 19 <u>54</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harold Ridings</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>9-7-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-7-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CHAFFEE, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-9-54</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. C. Biplinghoff</u>		ADDRESS <u>CHAFFEE, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 21 1958

MAR 12 1958

**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.....

.....  
working under my personal supervision.

..... Student Embalmer No.....

Signed.....

*Jack J. Burnett*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4473*

P. O. Address *Chaffee, Missouri*

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.