

FEB 11 NOV 5 - 1954

## STANDARD CERTIFICATE OF DEATH

33189

State File No. ....

XC- Unknown  
RN-7553

BIRTH NO. ....		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>533</u>	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (In this place) <b>12 days</b>		c. CITY OR TOWN <b>West Plains</b>		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 <b>VA Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>0461</b>			
3. NAME OF DECEASED (Type or Print) <b>EDDIE R. WILLIAMS</b>			4. DATE OF DEATH <b>October 25, 1954</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>November 19, 1926</b>	
9. AGE (In years last birthday) <b>28</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Olden, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>EVERETT WILLIAMS</b>		13b. MOTHER'S MAIDEN NAME <b>ORA WOOD</b>		14. NAME OF HUSBAND OR WIFE <b>LILA JOAN WILLIAMS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		(If yes, give war or dates of service) <b>Korean</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS</b>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic glomerulonephritis</b>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <b>Malignant hypertension, secondary to #1</b>					
		DUE TO (c) <b>Residuals of seminoma, right testicle</b>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive cardio vascular disease, secondary to #1</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>592 X</b>				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)		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 <u>10-13</u> , 19 <u>54</u> , to <u>10-25</u> , 19 <u>54</u> , and that death occurred at <u>11:57 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>HARRY J. PRICE, M.D. Chief Med. Ser.</b>				23b. ADDRESS <b>VA Hospital Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>10-26-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVED</b>		24b. DATE <b>10-26-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>W. Plains</b>		24d. LOCATION (City, town, or county) (State) <b>WEST PLAINS, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>10/27/54</b>		REGISTRAR'S SIGNATURE <b>RH Murrell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Greer Cray &amp; Fitch, Poplar Bluff, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
Nov. ~~OCT~~ 2. 1954  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

DEC 7 1954

FEB 11 1955

**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 *Phil A. Leuchner*

Licensed Embalmer No. *2830*

P. O. Address *Dyke Bluff*

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.