

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40338**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **49**

1. PLACE OF DEATH a. COUNTY Cape Girardeau Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Alexander	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (in this place) 30 Min.	c. CITY OR TOWN McClure Ill
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) Logan b. (Middle) Louis c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) Dec 27 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 15th 1868	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 7 Days 11 IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) Alexander County Ill	
13a. FATHER'S NAME Louis Williams		13b. MOTHER'S MAIDEN NAME Don't know		14. NAME OF HUSBAND OR WIFE Mary Williams	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Joseph Jackson Jatus		ADDRESS 770
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unletter injured		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) 		
	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"/>
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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) 7955
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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?
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22. I hereby certify that I attended the deceased from **12/27, 1954**, to **12/27, 1954**, that I last saw the deceased alive on **12/27, 1954** and that death occurred at **7:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE J. H. K... (Degree or title) MD	23b. ADDRESS Cape Girardeau Mo	23c. DATE SIGNED 12/31/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 30 1954	24c. NAME OF CEMETERY OR CREMATORY Lindsey	24d. LOCATION (City, town, or county) (State) Alexander County Ill
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DATE REC'D BY LOCAL REG. 1-3-55	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Paul Morris Jones ADDRESS Jonesboro Ill
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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.....
Signature of Student Embalmer

Signed *W. H. Estes*.....

Licensed Embalmer No. *356*.....

P. O. Address *Cape Gir*.....

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.