X No. 300 10-48

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8366

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 201

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

1. PLACE OF DEATH

a. COUNTY: Cape Girardeau

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau

c. LENGTH OF STAY (in this place): 1 DAY

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Stoddard

c. CITY OR TOWN: Dexter

d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]

e. STREET ADDRESS (If rural, give location): 246 So. Walnut

103/1

3. NAME OF DECEASED (Type or Print)

a. (First): Hazel

b. (Middle): Dell

c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): March 23, 1956

5. SEX: Female

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 27, 1882

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 2, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-keeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Evanston, Illinois

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Robert Davidson

13b. MOTHER'S MAIDEN NAME: Armena Hunt

14. NAME OF HUSBAND OR WIFE: Sam Williams (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Loyd Williams, Dexter, Mo.

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, asthenia, 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)	Myocardial Contusion	10 hrs.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chest injury	10 hrs.
DUE TO (c)	Auto accident	
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Cerebral concussion	10 hrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [XX] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 016

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 22, 19 56, *to* March 23, 19 56 *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1:30 A. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: 1912 Broadway Cape Girardeau

23c. DATE SIGNED: Mo. 3/29/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-25-56

24c. NAME OF CEMETERY OR CREMATORY: Dexter

24d. LOCATION (City, town, or county) (State): Dexter, Missouri

DATE REC'D BY LOCAL REG.: 3-29-56

REGISTRAR'S SIGNATURE: C. C. Summers

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Strickland-Rainey Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

44-0

DEC 14 1956

APR 12 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Lucille Rainey.....

Licensed Embalmer No..498..

P. O. Address..Dexter,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.