

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31094**

FILED OCT 7 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **5185** Registrar's No. **449**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b> Mo <b>0160</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>RURAL Cape Girardeau</b>		c. LENGTH OF STAY (in this place) <b>Twp. 61 yrs</b>	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 <b>Family Home</b>		STREET ADDRESS (If rural, give location) <b>#1 north of Cape Girardeau</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Eurie</b> b. (Middle) <b>Leo</b> c. (Last) <b>Williamson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept, 9, 1957</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>Jan, 14, 1896</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Stock dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>61</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <b>Oriole Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	

13a. FATHER'S NAME <b>John Williamson</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Rayburn</b>		14. NAME OF HUSBAND OR WIFE <b>Dora Williamson.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>488-42-7362</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dora Williamson</b> ADDRESS <b>#1 Cape Girardeau Mo</b>	

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) <b>Self inflicted wound in back by a 38 caliber revolver.</b>		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. <b>976X</b>		

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) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>This home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Cape Girardeau Cape Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>Sept 9 '57 6:45 a.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Shot himself with revolver</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6:45A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. F. Sigmund, Coroner</b>	23b. ADDRESS <b>Jackson Mo.</b>	23c. DATE SIGNED <b>9/12/57</b>
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/11/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hobbs Chapel Cemt</b>	24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo</b>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <b>10-1-57</b>	REGISTRAR'S SIGNATURE <b>O. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. L. Leman</b> ADDRESS <b>Cape Girardeau Mo</b>
---	--	--

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

74 - 2

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 *J. J. Haman*.....

Licensed Embalmer No. 2863.....

P. O. Address Cape Girardeau.....

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.