

FILED MAY 26 1949

STANDARD CERTIFICATE OF DEATH

State File No. 15071

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ashland</u>	
c. LENGTH OF STAY (in this place) <u>2 Mo 11 day</u>		d. STREET ADDRESS (If rural, give location) <u>P.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. no 1</u>			

3. NAME OF DECEASED a. (First) <u>MOSE</u> b. (Middle) <u>WILLIAMS</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1949</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>		8. DATE OF BIRTH <u>Jan 8 1879</u>		9. AGE (in years) (last birthday) <u>70</u> <u>4</u> <u>7</u>		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Boone County Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>America</u>		
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13a. FATHER'S NAME <u>Walter Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Pauline Harris</u>			14. NAME OF HUSBAND OR WIFE <u>deceased</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME <u>State Hosp no 1 Records</u>			ADDRESS <u>Fulton Mo</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>						42 2 2	
		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. <u>Bed sores on back</u>							

19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 May 12, 1949, to May 10, 1949, that I last saw the deceased alive on May 14, 1949, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M J Miller</u>		(Degree or title) <u>M.D. D.O.P.</u>		23b. ADDRESS <u>State Hosp no 1 Fulton</u>		23c. DATE SIGNED <u>5-15-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 17-1949</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>Log. Providence</u>		24d. LOCATION (City, town, or county) (State) <u>Rural Columbia Mo</u>	
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DATE REC'D BY LOCAL REG. <u>May 16-1949</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		FURNERAL DIRECTOR'S SIGNATURE <u>A C Freeman</u>		ADDRESS <u>Columbia Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 25 1949

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.

Signed A.C. Freeman

Signed.....
Student Embalmer

Licensed Embalmer No. 2837

P. O. Address 608 Park Ave
Columbus, Miss

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.