

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18424

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>near Wash</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hermitage</u>	
c. LENGTH OF STAY (in this place) <u>4-10-8</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			

3. NAME OF DECEASED (First) ORNEL (Middle) WILLIAMSON (Last) _____
4. DATE OF DEATH (Month) 5 (Day) 15 (Year) 49
(Type or Print)

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-14-1889</u>	9. AGE (In years last birthday) <u>59</u> Months <u>9</u> Days <u>1</u>	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <u>Printing</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri, Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Leon Williamson</u>	13b. MOTHER'S MAIDEN NAME <u>Carol Ann Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>May Williamson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch, dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u> ADDRESS <u>near</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u> <u>4222</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anemia</u> DUE TO (c) <u>Malnutrition</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>		

19a. DATE OF OPERATION <u>none</u>	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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 7-17, 1946, to 5-15, 1949, that I last saw the deceased alive on 5-15, 1949, and that death occurred at 9:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. E. Hall M.D.</u>	23b. ADDRESS <u>Nebraska Mo</u>	23c. DATE SIGNED <u>5-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 16, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Adonias Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pittsburg Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 16, 1949</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Yancey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>331</u> ADDRESS <u>Allen D. Hays Nevada Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7;

District File Number 4-49-572

Date Filed 5-23-49

JUN 1 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 Bert B. Bennett

Signed _____
Student Embalmer

Licensed Embalmer No. 4656

P. O. Address Nebraska, Mo

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.