

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22332

State File No.

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 4521 Registrar's No. 27

107
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Houston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Houston</u>	
c. LENGTH OF STAY (In this place) <u>less than 24 hrs.</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED a. (First) <u>Robert</u> b. (Middle) <u>William</u> c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1949</u>	
5. SEX <u>M.O.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 22 1867</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 24 HRS.: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Texas Co. 0</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Stephen Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Rogers</u>	
14. NAME OF HUSBAND OR WIFE <u>Cora Williams</u>			
15. WAS DECLARED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Cora Williams</u>		ADDRESS <u>Houston Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> 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>Open operations</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) <u>Houston Texas Mo</u>			
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? _____			
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 <u>9:40</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Gaylord V. Elliott</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Cabool Mo</u>	
23c. DATE SIGNED <u>June 5/49</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 7-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Houston</u>		24d. LOCATION (City, town, or county) (State) <u>Houston Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 6-49</u>		REGISTRAR'S SIGNATURE <u>Myrtie Craig</u> <u>327</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaylord V. Elliott</u>		ADDRESS <u>Cabool Mo</u>	

6/13/49
District Health Officer No. 5,
District File Number 649445
6/16/49

AUG 23 1949

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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 Gaylord V Elliot
Licensed Embalmer No. 2252

Signed _____
Student Embalmer

P. O. Address Calool Dr

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.