

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26294

State File No.

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>265</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		3 5 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #1</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Richard</u>		b. (Middle) <u>W</u>		c. (Last) <u>Williams</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 7 1949</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>3-7-1893</u>		9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>		IF UNDER 24 HRS. Hours <u>7</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>DK</u>		13b. MOTHER'S MAIDEN NAME <u>DK</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hoop, Road Fulton 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>Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple fracture of pelvis</u> DUE TO (c) <u>Jump from 2nd floor hospital</u> <u>gaining independence</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemorrhage into rt. kidney</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>State Hosp #1</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton Callaway Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 6 1949 9:57</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Jumped from window - delirious</u>			
22. I hereby certify that I attended the deceased from <u>Mo. 11, 1946</u> to <u>Aug. 7, 1949</u> that I last saw the deceased alive on <u>Aug. 6, 1949</u> and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. C. Bremer M.D. U</u>				23b. ADDRESS <u>State Hosp #1</u>		23c. DATE SIGNED <u>8-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 9-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 7-1949</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		426		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wallace Funeral Home Fulton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 15 1949
District Health Officer No. 9,
District File Number

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
Student Embalmer

Signed *Kenil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Fulton Md*

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.