

THE DIVISION OF HEALTH OF MISSOURI  
 FILED OCT 27 1949 STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8722</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Arkansas</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Missouri</b> )		c. LENGTH OF STAY (In this place) <b>12 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Corning</b>		d. STREET ADDRESS (If rural, give location) <b>2 R.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital, (McMillan)</b>				d. STREET ADDRESS (If rural, give location) <b>2 R.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ed</b> b. (Middle) _____ c. (Last) <b>Williams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 7, 1949</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>12-1-1888</b>	
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <b>Polk Co</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Joseph Williams</b>			13b. MOTHER'S MAIDEN NAME <b>Wink</b>		14. NAME OF HUSBAND OR WIFE <b>Wink</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Joe Williams</b> ADDRESS <b>Corning Ark</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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lymphosarcoma of the lung</b> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>14700 Ark.</b>		21f. HOW DID INJURY OCCUR? <b>163X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>Sept. 25, 1949</b> , to <b>Oct. 7, 1949</b> , that I last saw the deceased alive on <b>Oct. 7, 1949</b> , and that death occurred at <b>11:40A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. Bradley</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Barnes Hospital,</b>		23c. DATE SIGNED <b>10/7/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-9-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Williams Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Corning Ark.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 10 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Loefer</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Moteney, Inc</b>		ADDRESS <b>4104 Manchester mo</b>	

8713

**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

*J. Allan Davis Jr.*

Licensed Embalmer No. *4053*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.