

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41613**

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5660 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>LEWIS</u>		
b. CITY OR TOWN <u>RURAL - DICKERSON</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 MONTHS</u>	c. CITY OR TOWN <u>EWING</u>		d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PRAIRIEVIEW REST HOME</u>					
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>DECK</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 25, 1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 5, 1865</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____
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 <u>GENERAL FARM</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES M. WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIET CLOSE</u>		14. NAME OF HUSBAND OR WIFE <u>MAUDE WILLIAMS</u>	
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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. O. Gray, Ewing, 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>Tuberculosis of both lungs</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</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>Senility</u>					
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>Nov. 28, 1949</u> , to <u>Dec. 25, 1949</u> , that I last saw the deceased alive on <u>Dec. 24, 1949</u> , and that death occurred at <u>10:00A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Harry L. McBracken D.O.</u>			23b. ADDRESS <u>La Belle, Missouri</u>		23c. DATE SIGNED <u>12/28/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC. 28, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREEN CASTLE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>GREEN CASTLE, MO.</u>		
DATE REC'D BY LOCAL REG. <u>12-29-49</u>		REGISTRAR'S SIGNATURE <u>P. H. Jennings, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn E. Fentress Green Castle, Mo.</u>	

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

JAN 12 1950

RECEIVED
JAN 9 1950
District Health Officer No. 10
District File Number 1-52-63
Date Filed JAN 9 1950

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 Karl R. Zent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.