

THE DIVISION OF HEALTH OF MISSOURI
FILED JAN 16 1950 STANDARD CERTIFICATE OF DEATH

State File No. 713

BIRTH NO. 640 99-49 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY Dunklin					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett. Rural				c. LENGTH OF STAY (in this place) 6mo				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett, Mo R 3 Fred. Twp?					
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Fred. Twp.				d. STREET ADDRESS (If rural, give location)									
3. NAME OF DECEASED (Type or Print) Jennis			a. (First)		b. (Middle) K.		c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) 1 5 50				
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ✓		8. DATE OF BIRTH 7-5-49		9. AGE (In years last birthday) 6		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) K				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) 9		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Thomas Williams				13b. MOTHER'S MAIDEN NAME Hellen Palmer				14. NAME OF HUSBAND OR WIFE ✓					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓				16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS							
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Abscess.</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 days.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Older Medic.</u> <u>6 weeks.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3912</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) (Min.)		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>1/3</u> , 19 <u>50</u> , to <u>1/5</u> , 19 <u>50</u> that I last saw the deceased alive on <u>1/5</u> , 19 <u>50</u> and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Joseph Q. Summers MD</u>						23b. ADDRESS <u>Kennett Mo</u>			23c. DATE SIGNED <u>1/6/50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-6-50</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>Lulu</u>				24d. LOCATION (City, town, or county) (State) <u>Dunklin Co MO</u>					
DATE REC'D BY LOCAL REG. <u>Jan 6-1950</u>		REGISTRAR'S SIGNATURE <u>Earl H. ...</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Lentz Service</u>		ADDRESS <u>Kennett, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Rec. DUNKLIN COUNTY HEALTH DEPARTMENT

KENNETT, MISSOURI 1-10-2

County File No. 150-15

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 ^(NOT).....

.....
working under my personal supervision.

Student Embalmer No.

Signed Walter C. Hawber

Signed.....

Student Embalmer

Licensed Embalmer No. 2002

P. O. Address Kennett m

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.