

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9636**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hosp.		d. STREET ADDRESS (If rural, give location) National Hotel, Main Street	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) (Red)	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) March 15, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1, 1909	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 10 Days 14	IF UNDER 24 HRS. Hours 14 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Citizens Gas Co.	11. BIRTHPLACE (State or foreign country) Hannibal Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Otis Bento Williams	13b. MOTHER'S MAIDEN NAME Florence Mae Pickett	14. NAME OF HUSBAND OR WIFE Hazel Lucille Keithly Williams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) W.W.# 2 705 16 0614	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucille Williams	ADDRESS 210 South Eighth
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fell dead. Acute heart attack.		INTERVAL BETWEEN ONSET AND DEATH 4:20
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Apparent Thrombosis 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 type="checkbox"/>
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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) Hannibal Marion Missouri
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21d. TIME OF INJURY 7/15/50	(Month) (Day) (Year) (Hour) Apr. 10:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. Crawford Smith (Degree or title) Crowner	23b. ADDRESS 902 Broadway Hannibal Missouri	23c. DATE SIGNED 3/17/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/17/50	24c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park	24d. LOCATION (City, town, or county) (State) Hannibal Ralls Missouri
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DATE REC'D BY LOCAL REG. 3/17/50	REGISTRAR'S SIGNATURE H. Crawford Smith	FINANCIAL DIRECTOR'S SIGNATURE H. Crawford Smith	ADDRESS Hannibal Missouri
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(Licensed Embalmer) (Statement of Reverse Side)

No. 300
10.48
044
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 24 1950
MARION · O. HEALTH DEPT.
DATE FILED MAR 27 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.

Signed _____

John S. Ward

Signed
Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.