

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22714
Registrar's No. 75

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 8000

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>McDonough</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bushnell</u> <u>8120</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1056 Crafford</u> <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hosp.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Wardie</u>	b. (Middle) <u>Elsworth</u>	c. (Last) <u>Williamson</u>	(Month) <u>July</u>	(Day) <u>9</u>	(Year) <u>1950</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 19, 1880</u>	9. AGE (in years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>McDonough Co. Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Mathew Williamson</u>	13b. MOTHER'S MAIDEN NAME <u>Savilla Potter</u>	14. NAME OF HUSBAND OR WIFE <u>May Estella Williamson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Wayne Williamson</u>	ADDRESS <u>1056 Crafford.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 + hours</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 8, 1950, to July 9, 1950, that I last saw the deceased alive on July 9, 1950, and that death occurred at 9:55 PM from the causes and on the date stated above.

23a. SIGNATURE <u>W. C. Robinson M.D.</u> (Degree or title)	23b. ADDRESS <u>Adrian, Mo.</u>	23c. DATE SIGNED <u>7-10-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>7-10-57</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Butler Hill</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>July 10, 1950</u>	REGISTRAR'S SIGNATURE <u>Randall Perry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Robinson</u> ADDRESS <u>Adrian Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File No. _____
Date Filed 7-17-52

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 _____

Frank P. Creath Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed Frank P. Creath

Licensed Embalmer No. 3843

P. O. Address Adrian, 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.