V.S. No. 300
Rev. 10.48

0300

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

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23149

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5353 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jackson
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elkland R.R.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jackson 030
d. STREET ADDRESS (If rural, give location): Elkland, Mo. R.R.

3. NAME OF DECEASED (Type or Print)
a. (First): Curtis
b. (Middle): O
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): July 20-1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: July 13-1898
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months: ; Days: 7 — IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Albany Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Orie A. Williams
13b. MOTHER'S MAIDEN NAME: Hanna E McNess
14. NAME OF HUSBAND OR WIFE: Nellie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Nellie Williams — **ADDRESS**: Elkland Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal hemorrhage (massive) — INTERVAL BETWEEN ONSET AND DEATH: 2 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) due to the rupture of an aneurism of the abdominal aorta.

DUE TO (c) Atheroma — ?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive heart disease. — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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): 022X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-12-50, *19*____, *to* 7-12-50, *19*____, *that I last saw the deceased alive on* 7-12-50, *19*____, *and that death occurred at* 9:20pm., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title): D.O.
23b. ADDRESS: Buffalo, Missouri
23c. DATE SIGNED: 7-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-23-1950
24c. NAME OF CEMETERY OR CREMATORY: Lone Star
24d. LOCATION (City, town, or county) (State): Albany Mo.

DATE REC'D BY LOCAL REG.: 7/23/50
REGISTRAR'S SIGNATURE: Geo J. B. Jones
25. FUNERAL DIRECTOR'S SIGNATURE: Montgomery Vaughan — **ADDRESS**: Buffalo, Mo.

(Revised Embalmer's Statement on Reverse Side)

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUL 25 1950

Dist. File 750 - 898

Date Filed 7-31-50

DEC 3 1959

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 Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.