

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. *P23222*

FILED AUG 14 1950

BIRTH NO. _____		REG. DIST. NO. <i>120</i>		PRIMARY REG. DIST. NO. <i>4194</i>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>Gentry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <i>Missouri</i> b. COUNTY <i>Gentry</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Albany</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Albany</i>		<i>5381</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <i>D</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Dora</i> b. (Middle) <i>Pearl</i> c. (Last) <i>Williams</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 27-1950</i>				
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Sept. 28-1875</i>	
9. AGE (In years last birthday) <i>74</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Gentry Co. Mo. 0</i>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>J.T. Williams</i>		13b. MOTHER'S MAIDEN NAME <i>Sue Moberly</i>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <i>Rebecca Glenn</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. D. P. Williams - Albany, Mo.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Endocarditis</i>  ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH <i>107 min.</i>	
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) (Minute)	
21d. TIME OF INJURY		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 _____, 19____, to <i>July 27, 1950</i> , that I last saw the deceased alive on <i>July 27, 1950</i> , and that death occurred at <i>6:15 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Signature or title) <i>C. J. Pray, D.O.</i>				23b. ADDRESS <i>Albany</i>		23c. DATE SIGNED <i>7-29-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>July 30-1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Kidwell</i>		24d. LOCATION (City, town, or county) (State) <i>Martinsville, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>July 31-1950</i>		REGISTRAR'S SIGNATURE <i>Edith Lehlde</i>		430		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Bluffton Smith Albany Mo</i>	

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

5381  
1



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 me

working under my personal supervision.

Student Embalmer No. ....

Signed

*Alfred Brown*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3329

P. O. Address Albany 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.