

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23396**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5508** Registrar's No. **34**

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater 0470	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Jane	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) July 19 - 50
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 22 1872	9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 9 Days 17 IF UNDER 24 HRS. Hours 17 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Geo. Plant	13b. MOTHER'S MAIDEN NAME Lemary Dixon	14. NAME OF HUSBAND OR WIFE —
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elmer Akers, Deepwater, Mo.	ADDRESS Deepwater, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the tongue		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 14IX 10 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus		

19a. DATE OF OPERATION Mo	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) HO	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 checked="" 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 **1945**, to **July 19, 1950**, that I last saw the deceased alive on **July 19, 1950**, and that death occurred at **2:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS Clinton, Mo.	23c. DATE SIGNED 7/20/50
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	24b. DATE 7-21-50	24c. NAME OF CEMETERY OR CREMATORY Montrose Cem Montrose, Mo.	24d. LOCATION (City, town, or county) (State) Mo.
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DATE REC'D BY LOCAL REG. July 21 - 50	REGISTRAR'S SIGNATURE Florence Adair S.	25. FUNERAL DIRECTOR'S SIGNATURE Tom Hurst, Deepwater, Mo.	ADDRESS —
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RECEIVED 7-31-57
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-31-57

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 *Tom Hunt*
Licensed Embalmer No. *2782*

P. O. Address *Deepwater 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.