No. 300
10-48

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27604

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Monroe
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monroe City.
c. LENGTH OF STAY (In this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 513 S. Locust St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monroe City. Mo 0690
d. STREET ADDRESS (If rural, give location): 513 S. Locust St

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

4. DATE OF DEATH (Month) (Day) (Year): Aug. 24. 1950

5. SEX: M
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single D
8. DATE OF BIRTH: July. 5. 1904
9. AGE (In years last birthday): 46. If under 1 year: Months 1, Days 19. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Common Labor
11. BIRTHPLACE (State or foreign country): Marion County Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Mose Williams
13b. MOTHER'S MAIDEN NAME: Maggie U. Sommers
14. NAME OF HUSBAND OR WIFE: _____
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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Delda Lorraine Tallon — **ADDRESS**: Monroe City 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) Chronic Parenchymatous Nephritis — INTERVAL BETWEEN ONSET AND DEATH

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. Chronic Myocarditis 592X

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): _____
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* August 14, 1950, *to* August 22, 1950, *that I last saw the deceased alive on* August 22, 1950, *and that death occurred at* 3 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harold F. Ellis (Degree or title) D.O.
23b. ADDRESS: 403 S. Main, Monroe City Mo
23c. DATE SIGNED: 8-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-26-50
24c. NAME OF CEMETERY OR CREMATORY: St Jude's Cemetery
24d. LOCATION (City, town, or county) (State): Monroe City. Mo

DATE REC'D BY LOCAL REG.: 8-27-50
REGISTRAR'S SIGNATURE: Anna M Burditt
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Wilson & Son Monroe City. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 5 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-1
Date Filed: SEP 7 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.

Student .....
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.