

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41653

State File No.

FILED JAN 6 1951

BIRTH NO. _____ REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 437C Registrar's No. 264

740
0

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

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Elmo</u>	c. LENGTH OF STAY (in this place) <u>11mo. 13d</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Elmo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ford Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>No St. Addresses in Town</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LENNY</u> b. (Middle) <u>JOE</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan. 2, 1950</u>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Elmo, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Williams Theodore Joseph</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Ailene Adkins</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs. Mason Williams</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Bronchopneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs.</u> ANTECEDENT CAUSES <u>hemorrhagic manifestations</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>probable septicemia</u> DUE TO (b) <u>apical abscess, embolus</u> DUE TO (c) <u>organism undetermined.</u>	
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 checked="" type="checkbox"/> NO <input 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) (Min.)	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 <u>birth</u> , 19 <u> </u> , to <u>Dec 15, 1950</u> , that I last saw the deceased alive on <u>Dec 15, 1950</u> , and that death occurred at <u>11 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>Harriet Ford MD-2</u>		23b. ADDRESS <u>Elmo Mo</u>	23c. DATE SIGNED <u>Dec 18-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec. 15, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shearer Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Braddyville, Iowa.</u>
DATE REC'D BY LOCAL REG. <u>12-30-50</u>	REGISTRAR'S SIGNATURE <u>Bess Holt 229</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leslie D. Walker Charney dc</u>	



Body was removed to Clarinda, Iowa and the embalming was done there.

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 *Loren Davison* _____

Iowa Licensed Embalmer No. 3148

P. O. Address _____

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.