

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

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

2169

FILED FEB 5 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>PULASKA</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Leonard Wood, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Roby</u>	
c. LENGTH OF STAY (In this place) <u>10 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hosp., Ft Leonard Wood, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>---</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>27 January 1951</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>16 Jan 1906</u>		9. AGE (In years last birthday) <u>45</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Prescott, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Mr Sam Williams (Deceased)</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Francis Scott (Deceased)</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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Thula Thomas</u>	
				ADDRESS <u>Plato, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p><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></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture, Skull, Basalar</u>			<u>10 hrs</u> <u># 98125</u> <u>25</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		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 type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Automobile</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Roby Texas Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 26, 1951</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>	

22. I hereby certify that I attended the deceased from 26 Jan, 1951, to 27 Jan, 1951, that I last saw the deceased alive on 27 Jan, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. White M.D.</u>		23b. ADDRESS <u>U.S. Army Hospital, Fort Leonard Wood, Missouri</u>		23c. DATE SIGNED <u>27 Jan 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-31-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION</u>	
24d. LOCATION (City, town, or county) (State) <u>TEXAS CO MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rayford V. Elliott</u>		ADDRESS <u>Houston, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-1-51</u>		REGISTRAR'S SIGNATURE <u>Helena C. Buckner</u>			

MAY 10 1951

Date Filed 2-1-51

File Number

Pulaski County Health Officer

RECEIVED 2-1-51



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

working under my personal supervision.

Student Embalmer No.

Signed Frank E. Wood

Signed Student Embalmer

Licensed Embalmer No. 4026

P. O. Address Houston, Me

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.