S. No. 300
Rev. 10-48

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9509

BIRTH NO. 51406-50 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 27

0780
1

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

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gobler
c. LENGTH OF STAY (in this place): 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wardell 0780
d. STREET ADDRESS (If rural, give location): Rural Route 1

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

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Enfant 0
8. DATE OF BIRTH: July 14, 1950
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 7, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Enfant
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (State or foreign country): Wardell, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Clarence Williams
13b. MOTHER'S MAIDEN NAME: VivianaDavis
14. NAME OF HUSBAND OR WIFE: x

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Vivian Williams — ADDRESS: Gobler, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia

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.

INTERVAL BETWEEN ONSET AND DEATH: 49 1X

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* Birth 7-14 1950, *to* 3-10, 1951, *that I last saw the deceased alive on* 3-10, 1951, *and that death occurred at* 4:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Claud H. Graham, D.O.
23b. ADDRESS: Wardell, Mo.
23c. DATE SIGNED: 3-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 3-11-51
24c. NAME OF CEMETERY OR CREMATORY: Wardell Memorial
24d. LOCATION (City, town, or county) (State): Wardell, Mo.

DATE REC'D BY LOCAL REG.: 3-20-51
REGISTRAR'S SIGNATURE: John W German 406
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Jimmy Osb urn Funeral Home, Wardell, Mo.

(Licensed Embalmer's Statement on Reverse Side)

3-51-87

MAR 21 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Wardell, Mo.

Signed .....
Student Embalmer

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.