

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12112

BIRTH NO.		REG. DIST. NO. 104		PRIMARY REG. DIST. NO. 4176		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden</b>		c. LENGTH OF STAY (in this place) <b>8 Yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden</b>		<b>8351</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Henry</b> c. (Last) <b>Williams</b>			4. DATE OF DEATH (Month) <b>4</b> (Day) <b>2</b> (Year) <b>1951</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2-26-1867</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>7</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Logan County Ky.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Enos Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth ?</b>		14. NAME OF HUSBAND OR WIFE <b>Ettie Francis Williams</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>E. L. Williams Clarkton Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, bronchial, Anterior chest Heart disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>2 years</b> 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.					
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4200</b>			
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 <b>25 Mar, 1951</b> , to <b>2 April, 1951</b> , that I last saw the deceased alive on <b>April 1, 1951</b> , and that death occurred at <b>9:35 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Harless Williams</b> (Degree or title)				23b. ADDRESS <b>M. D. Malden, Missouri</b>		23c. DATE SIGNED <b>2 April 51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-4-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stanfield</b>		24d. LOCATION (City, town, or county) (State) <b>Near Clarkton, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-6-1951</b>		REGISTRAR'S SIGNATURE <b>J. D. Schuman</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Glenn S. Russell Pappott, Ark.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

0351

#136

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 4-9-51 .....  
COUNTY FILE NUMBER 451-102...

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 me

working under my personal supervision.

NO

Student Embalmer No. ....

Signed Lloyd M. Fessler

Signed.....  
Student Embalmer

J. J. ...

Licensed Embalmer No. 504-226

P. O. Address Leiggett, Ark.

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.