No. 300
10.48

FILED MAY 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15224
State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 93

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 330 N. Salt Pond

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
d. STREET ADDRESS (If rural, give location): 330 N. Salt Pond

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

4. DATE OF DEATH (Month) (Day) (Year): April, 27th 1951

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan 16 1882
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 3, Days 11 — IF UNDER 24 HRS.: Hours —, Min. —

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

13a. FATHER'S NAME: Robert Williams
13b. MOTHER'S MAIDEN NAME: Bettie Ann Williams
14. NAME OF ~~HUSBAND OR~~ WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Martha Singleton, Marshall, 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): Chr. Interstitial Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2½ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): Arteriosclerosis — Dont Know

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Uremia — Dont Know

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 446 X
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* 9-23, 1949, *to* April 27, 1951, *that I last saw the deceased alive on* 27th Apr, 1951, *and that death occurred at* 5:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Waite H. Madison M.D. 0
23b. ADDRESS: Marshall, Mo.
23c. DATE SIGNED: April 30-51

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial 0
24b. DATE: 5/5/51
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Salt Pond Methodist
24d. LOCATION (City, town, or county) (State): Saline County, Mo.

DATE REC'D BY LOCAL REG.: May-5-1951
REGISTRAR'S SIGNATURE: Sidney T Gray 385 0
25. FUNERAL DIRECTOR'S SIGNATURE: George H. Gear
ADDRESS: Marshall Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-7-51
DISTRICT HEALTH OFFICE No. 3
District File Number .....
Date Filed 5-7-51

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 .....
Student Embalmer

Signed George H. Green

Licensed Embalmer No. 4220

P. O. Address Marshall, M

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.