S. No. 300
. 10.48

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15770

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3807 Registrar's No. 194

7/24
3

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): G, Street And 60, Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Arcadia Township
d. STREET ADDRESS (If rural, give location): 0479

3. NAME OF DECEASED (Type or Print)
a. (First): LEONARD
b. (Middle): HENRY
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): April 21, 1951

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 3

8. DATE OF BIRTH: May 1st. 1894

9. AGE (In years last birthday): 56
If under 1 year: Months 11 Days 20
If under 1 day: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: timber

11. BIRTHPLACE (State or foreign country): Greer Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wright Williams

13b. MOTHER'S MAIDEN NAME: Linnie Goodwin

14. NAME OF HUSBAND OR WIFE: ##

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Guy Williams 2331 Albion Pl. St. Louis

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) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Myocarditis

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: 4201

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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* EST6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank W. Greer Coroner

23b. ADDRESS: Poplar Bluff Mo

23c. DATE SIGNED: 4/27-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-29-51

24c. NAME OF CEMETERY OR CREMATORY: Cove Cemetery

24d. LOCATION (City, town, or county) (State): Arcadia Iron Co. Mo.

DATE REC'D BY LOCAL REG.: May 7-1951

REGISTRAR'S SIGNATURE: 428 wm H. Johnson

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Frank Cotrell Poplar Bluff Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 15 1951
BUTLER CO. HEALTH CENTER
FILE No. 551-207

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address Poplar Bluff, Mo

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.