S. No. 300
Rev. 48

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17101

BIRTH NO. 124 REG. DIST. NO. 168 PRIMARY REG. DIST. NO. 5596 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Valle
c. LENGTH OF STAY (In this place) YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 3 - DeSoto Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Valle 0500
d. STREET ADDRESS (If rural, give location) Rt. 3 - DeSoto, Mo.

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

4. DATE OF DEATH (Month) (Day) (Year) May 7 - 1951

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Dec. 22 - 1866
9. AGE (In years last birthday) 84 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

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

13a. FATHER'S NAME Horn Williams
13b. MOTHER'S MAIDEN NAME Katherine Williams
14. NAME OF HUSBAND OR WIFE Sarah Williams

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. None
17. INFORMANT'S SIGNATURE OR NAME Ed. Williams - ADDRESS Crystal City 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) Carcinoma of tongue — INTERVAL BETWEEN ONSET AND DEATH: 1 year

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. osteomyelitis of jaw — 6 wks

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION — 141X
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* Dec 15, 1950, *to* May 7, 1951, *that I last saw the deceased alive on* May 4, 1951, *and that death occurred at* 7:40 a m., *from the causes and on the date stated above.*

23a. SIGNATURE Noel V. McAnistry (Degree or title) M.D.
23b. ADDRESS DeSoto, Mo.
23c. DATE SIGNED May 9, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-10-51
24c. NAME OF CEMETERY OR CREMATORY Victoria
24d. LOCATION (City, town, or county) (State) Victoria, Mo.

DATE REC'D BY LOCAL REG. 5-17-51
REGISTRAR'S SIGNATURE Marie Farris 146
25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mothershead - ADDRESS DeSoto, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 5-22-51

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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Andrew H. Langland

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.