

P.B. No. 104  
FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19557

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 269

1. PLACE OF DEATH  
a. COUNTY Butler Co.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo. b. COUNTY Butler

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Poplar Bluff  
c. LENGTH OF STAY (in this place) 24 Day

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Butler  
d. STREET ADDRESS (If rural, give location) Butler

d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.

3. NAME OF DECEASED  
a. (First) James b. (Middle) G. c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year)  
May 19 - 1951

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 20 1869

9. AGE (In years last birthday) 81  
10. UNDER 1 YEAR Months Days  
11. UNDER 1 HR. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William A. Williams

13b. MOTHER'S MAIDEN NAME Lucy S. Humphrey

14. NAME OF HUSBAND OR WIFE

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

16. SOCIAL SECURITY NO. No.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
J. Williams Butler, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arterio-sclerosis  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Prostatitis

INTERVAL BETWEEN ONSET AND DEATH  
2 days  
  
?

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)  
331x

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 4-25, 1951, to 5-19, 1951, that I last saw the deceased alive on 5-19, 1951, and that death occurred at 9:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Disakreian MD

23b. ADDRESS 321 Oak Poplar Bluff Mo

23c. DATE SIGNED 20 June 51

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

24b. DATE May 21 51

24c. NAME OF CEMETERY OR CREMATORY Allen Cem

24d. LOCATION (City, town, or county) (State) Butler Mo

DATE REC'D BY LOCAL REG. June 2 1951

REGISTRAR'S SIGNATURE Wm. H. Johnson

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

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

0123  
0

RECEIVED

JUN 26 1957  
BUTLER CO. HEALTH CENTER

FILE No. 651-283

JUL 19 1957

**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 *Charles W. Shell*

Licensed Embalmer No. 29440

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.