

STANDARD CERTIFICATE OF DEATH

State File No. 34670

REV. 10-48 FILED NOV 14 1951

BIRTH NO. _____		REG. DIST. NO. 293		PRIMARY REG. DIST. NO. 4436		Registrar's No. 15			
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>					
b. CITY OR TOWN <u>New London</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>New London</u>		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New London Mo</u>				d. STREET ADDRESS (If rural, give location) <u>New London Mo</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Knox</u>		c. (Last) <u>English</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2. 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>December 5, 1875</u>			
9. AGE (In years last birthday) <u>75</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		11. BIRTHPLACE (State or foreign country) <u>Ralls County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.R.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Station Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own station</u>		11. BIRTHPLACE (State or foreign country) <u>Ralls County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.R.</u>			
13a. FATHER'S NAME <u>Morris H. English</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda P. English</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. English</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-26-9111</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Wm. English New London Mo</u>					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Renal Trouble</u>				DUE TO (b) _____					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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 <u>442X</u>				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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Sept 25, 1951</u> , to <u>Oct 2, 1951</u> , that I last saw the deceased alive on <u>Sept 25, 1951</u> , and that death occurred at <u>12:09 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>N. T. Waters</u>				23b. ADDRESS <u>New London Mo</u>		23c. DATE SIGNED <u>10-3-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 4, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barkeley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New London Mo</u>			
DATE REC'D BY LOCAL REG. <u>10-3-51</u>		REGISTRAR'S SIGNATURE <u>N. T. Waters</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilcox & Sons Mortality Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

0870

Date Received: NOV 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-57-1997
Date Filed: NOV 9 1951

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.

Student Embalmer No.

Student
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Wilmington City 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.