

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42199

State File No. _____

0580
4

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

JAN 7 1952

BIRTH NO. _____		REG. DIST. NO. <u>182</u>		PRIMARY REG. DIST. NO. <u>5686</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>			
b. CITY OR TOWN <u>Linn</u>		c. LENGTH OF STAY (in this place) <u>all his life</u>		c. CITY OR TOWN <u>Linn</u>		<u>0580</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Linn Co. Rest Home Creek Top</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) _____ c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-21-51</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>April 22-1873</u>	
9. AGE (In years last birthday) <u>78</u>		10. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Linn Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farmer</u>			13a. FATHER'S NAME <u>Jim Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Gopa Rose Williams</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>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Roy Jupp</u>			ADDRESS <u>Linn Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Suffocation</u>		<u>by baby in bed</u>					<u>5 m</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Cerebral Arteriosclerosis</u>					<u>5 yr</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Senile Dementia</u>					<u>4 yr</u>
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS: <u>E9217</u>					_____
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____					19b. MAJOR FINDINGS OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE <u>acc</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rest Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Linn Co</u> (COUNTY) <u>Linn</u> (STATE) <u>Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 21, 1951 P.M.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 21, 1951 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Edged a piece of orange</u>			
22. I hereby certify that I attended the deceased from <u>Aug 5, 1946</u> , to <u>Dec 18, 1951</u> , that I last saw the deceased alive on <u>Dec 18 1951</u> , and that death occurred at <u>1 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Roy P. Halley M.D.</u> (Degree or title)				23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>12-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-22-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Linn Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 26-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Budie Kelley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brother Jupp</u>		ADDRESS <u>Linn Mo.</u>	

Date Received: DEC 28 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-57-
Date Filed: DEC 28 1951

(Not embalmed)

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 _____

Licensed Embalmer No. 4655

P. O. Address Lauder 740

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.