

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **43745**

FILED JAN 11 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **339** PRIMARY REG. DIST. NO. **3074** Registrar's No. **196**

1. PLACE OF DEATH a. COUNTY <b>Scott</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>		c. LENGTH OF STAY (in this place) <b>1 yr.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>		<b>1003</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>217 Luther Street</b>			d. STREET ADDRESS (If rural, give location) <b>217 Luther Street</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b> b. (Middle) — c. (Last) <b>Williams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 13, 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 12, 1868</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>9</b>
IF UNDER 24 HRS. Days <b>1</b>	Hours <b>1</b>	Mins. <b>1</b>	11. BIRTHPLACE (State or foreign country) <b>Florence, Alabama</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>			
13a. FATHER'S NAME <b>Phil Abernathy</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Mose Williams</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mattie Abernathy, 217 Luther, Sikeston, Mo.</b>		
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) <b>Arteriosclerotic Cardiovascular disease</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 22 1</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) (m.) <b>12-13-51 3:30 p.m.</b>	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 <b>12-11, 1951</b> , to <b>12-13, 1951</b> , that I last saw the deceased alive on <b>12-13, 1951</b> , and that death occurred at <b>8:30 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Oliver Sargent M.D.</b>		23b. ADDRESS <b>Sikeston Mo</b>		23c. DATE SIGNED <b>12-26-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Dec. 17, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Charleston, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>12-29-51</b>	REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunted</b>	439	25. FUNERAL DIRECTOR'S SIGNATURE <b>F. J. Sparks</b>	ADDRESS <b>Charleston, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 7 1952  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 152-3

**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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.

*Always, I. P.*