

FILED FEB 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7002

State File No.

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 15

1031

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

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Dexter</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dexter</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>East Vine Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		e. CITY OR TOWN <u>1031</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl</u> b. (Middle) <u>E.</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20, 1952</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>Oct. 28, 1904</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Emp.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Jackson, Missouri</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Rausia Williams</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>491-18-6283</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rausia Williams, Dexter, Mo.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u> <u>3 wks.</u>
	ANCECEDENT CAUSES DUE TO (b) <u>Calostomy</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Intravasculopathy</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None apparent</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5700</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 Feb. 1, 1952, to Feb 20, 1952, that I last saw the deceased alive on Feb 20, 1952, and that death occurred at 11:00 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James C. Cameron M.D.</u>	23b. ADDRESS <u>1427 Walnut - Dexter Mo.</u>	23c. DATE SIGNED <u>2-22-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-24-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dexter</u>
24d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>2/23/52</u>	REGISTRAR'S SIGNATURE <u>Volva J. Janku</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stricklanf-Rainey, Dexter, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

OCT 24 1952

STATEMENT BY LICENSED EMBALMER

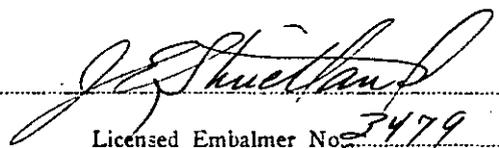
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me or by _____

~~Student-Embalmer No.~~

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3479

P. O. Address Reston Va.

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.