

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13812

10.300
10.48
30
APR 30 1952

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5941 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Miller twp.		c. LENGTH OF STAY (In this place) 30 min.	
d. FULL NAME OF HOSPITAL OR INSTITUTION In Gasconade River		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <u>2039</u>	
		d. STREET ADDRESS (If rural, give location) 6052 Bradley St. <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) Glyde			c. (Last) Widener			4. DATE OF DEATH (Month) (Day) (Year) April 19, 1952			
5. SEX Male <u>0</u>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <u>1</u>		8. DATE OF BIRTH December 31, 1932			9. AGE (In years last birthday) 19		10. F UNDER 1 YEAR Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY House building		11. BIRTHPLACE (State or foreign country) Edgar Springs, Missouri <u>0</u>				12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Frank Widener				13b. MOTHER'S MAIDEN NAME Margaret Buffer				14. NAME OF HUSBAND OR WIFE --				

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Yes		17. INFORMANT'S SIGNATURE OR NAME Frank Widener				ADDRESS St. Louis, Mo.			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Asphyxiation							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) Drowning							
		DUE TO (c)						E850 X	
		II. OTHER SIGNIFICANT CONDITIONS						3.8-	
Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		081							

21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (a.e., in or about home, farm, factory, street, office bldg., etc.) Gasconade River		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Miller Township Phelps Mo.	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY April 19, '52 5Pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Capsized motorboat	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Apr 19, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. E. Y. Williams</u> (Degree or title) <u>Acting Registrar</u>		23b. ADDRESS Rolla, Mo.		23c. DATE SIGNED 4/22/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 22, 1952		24c. NAME OF CEMETERY OR CREMATORY Renaud Cemetery		24d. LOCATION (City, town, or county) (State) Phelps County, Mo.	
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DATE REC'D BY LOCAL REG. <u>Apr 22, 1952</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> <u>380</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>		ADDRESS Rolla, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed
7-28-52

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 Paul E. Zull

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.