

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED MAY 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> <del>MOBILE</del> b. COUNTY <u>RANDOLPH</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MOBILE</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>MOBILE</u>		OR TOWN <u>MOBILE</u> <u>0883</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>224 Sault</u>		d. STREET ADDRESS (If rural, give location) <u>824 S-AULT</u>	

3. NAME OF DECEASED (Type or Print) <u>SAYRAH</u>	a. (First)	b. (Middle) <u>WILLIAMS</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>5-22-52</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 27 1903</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>ELDERBERRY MO</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>L</u>	13b. MOTHER'S MAIDEN NAME <u>L</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN WILLIAMS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>John William Hebl</u>	ADDRESS <u>MOBILE</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 H</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>MOBILE RANDOLPH MO</u>
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 Apr 23, 1952, to May 20, 1952, that I last saw the deceased alive on May 20, 1952, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>CSmith MD</u> (Degree or title)	23b. ADDRESS <u>MOBILE MO</u>	23c. DATE SIGNED <u>5-23-52</u>
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24a. BURIAL, CREMATION, REMOVAL <u>Interred</u>	24b. DATE <u>5-24-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAKLAND</u>	24d. LOCATION (City, town, or county) (State) <u>MOBILE MO</u>
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DATE REC'D BY LOCAL REG. <u>5-24-52</u>	REGISTRAR'S SIGNATURE <u>Lois Helene Carr</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert L. Carr</u>	ADDRESS <u>305 Belmont St</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Mobile, Md

**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.