

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17601**

**FILED JUN 3 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **4446** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hardin Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hardin Mo</b>	
c. LENGTH OF STAY (in this place) <b>0890</b>		d. STREET ADDRESS (If rural, give location) <b>Mo</b>	
d. FULL NAME OF (If not in hospital or institution, give street address & location) <b>East Elm St</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Delbert</b> b. (Middle) <b>Franklin</b> c. (Last) <b>Williams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-29-1952</b>		
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5. SEX <b>0</b> <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sep-23-1910</b>	9. AGE (In years last birthday) <b>41</b> IF UNDER 1 YEAR Months <b>8</b> IF UNDER 24 HRS. Days <b>6</b> IF UNDER 24 HRS. Hours Min.
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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>	11. BIRTHPLACE (State or foreign country) <b>Ray Co Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.C.</b>
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13a. FATHER'S NAME <b>James F Williams</b>	13b. MOTHER'S MAIDEN NAME <b>Rosie Brown</b>	14. NAME OF HUSBAND OR WIFE <b>Grace Kennedy</b>
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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) <b>none</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ms Grace Williams</b>	ADDRESS <b>Hardin</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>gun shot wound</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>self inflicted</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E976X</b>			

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 UNKNOWN (Specify)	21b. PLACE OF INJURY (e.g., in or about home, yard, factory, street, office bldg., etc.) <b>at home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Hardin Ray Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May-29-52-12:30</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John A. Baber, M.D.</b>	23b. ADDRESS <b>Wakenda</b>	23c. DATE SIGNED <b>5-31-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>June 1-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wakenda</b>	24d. LOCATION (City, town, or county) (State) <b>6 mi. N. Hardin Mo</b>
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DATE REC'D BY LOCAL REG. <b>June 1-1952</b>	REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Krupschuld &amp; Bocherding</b>	ADDRESS <b>Hardin Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1890  
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JUN 26 1992

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed John W. Knipschild

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2789

P. O. Address Hardin 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.