

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

AUG 11 1952

BIRTH NO. _____ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 3051 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>PERRY CO 0791</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE, MO</u>		
b. CITY OR TOWN <u>PERRYVILLE</u>		c. LENGTH OF STAY (In this place) <u>9 DAYS</u>	c. CITY OR TOWN <u>RURAL ST. GENEVIEVE T.S. 1</u>		d. STREET ADDRESS (If rural, give location) <u>RR #1 ST. GENEVIEVE MO</u>
3. NAME OF DECEASED a. (First) <u>GENEVIEVE</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 28 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>JAN 1 1897</u>	9. AGE (In years last birthday) <u>55</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MINNITH MO 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ORR DUVALL</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BROWN</u>		14. NAME OF HUSBAND OR WIFE <u>ERIC WILLIAMS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Adrian William St. Genevieve Mo</u>			
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) <u>cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascularis</u> DUE TO (c) <u>Diabetes mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>20 hrs</u> <u>6 1/2 yrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443 X</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 <u>20 July, 1952</u> to <u>29 July, 1952</u> , that I last saw the deceased alive on <u>29 July, 1952</u> , and that death occurred at <u>8:56 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Richard Grayson M.D.</u>		23b. ADDRESS <u>Perryville, Mo.</u>		23c. DATE SIGNED <u>30 July 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 31 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HANEY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. GENEVIEVE CO MO</u>		
DATE REC'D BY LOCAL REG. <u>7-30-52</u>	REGISTRAR'S SIGNATURE <u>Joe J. Zellmer 259</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul Parker St. Genevieve Mo</u>		

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

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 Lee C. Basler

Licensed Embalmer No. 1985

P. O. Address See Reverse 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.