

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33582**
Registrar's No. **8348**

FILED SEP 25 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>ILLINOIS</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>2 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Benton</u>		<u>8720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>1205 Ruth St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVAN</u>		b. (Middle) <u>ANDERSON</u>		c. (Last) <u>WILLIAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 1 52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept 12, 1899</u>		9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HRS Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COAL MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Willis Williams</u>		13b. MOTHER'S MAIDEN NAME <u>LURISA WILKINSON</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL 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>342-03-2521</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Paul Williams, Benton, Ill</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>SEPTICEMIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ABSCESS OF AMPUTATION STUMP OF LEFT THIGH</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>000</u> (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? <u>E957X</u>			
22. I hereby certify that I attended the deceased from <u>6-20</u> , 19 <u>52</u> , to <u>9-1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-1</u> , 19 <u>52</u> , and that death occurred at <u>8:10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F. R. Bradley</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>9-1-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>9-4-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McT. O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Benton, Ill.</u>		
DATE REC'D BY LOCAL REG. <u>SEP 4 1952</u>		REGISTRAR'S SIGNATURE <u>F. C. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Bill Campbell Mortuary, 4215 Lindell</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 *Rex A Campbell*

Licensed Embalmer No. 3881

P. O. Address W. Harris St 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.