

FILED OCT 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35928

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 5985		Registrar's No. 125	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Webster			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Leonard Wood, Mo			c. LENGTH OF STAY (in this place) - -		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seymour 1120		
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital				d. STREET ADDRESS (If rural, give location) RFD # 1			
3. NAME OF DECEASED (Type or Print) a. (First) TILDEN		b. (Middle) C		c. (Last) WILLIAMS		4. DATE OF DEATH (Month) (Day) (Year) Oct 14 1952	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH 14 July 1899		9. AGE (in years last birthday) 53	10. UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY - -		11. BIRTHPLACE (City and State or Foreign Country) Plummberville, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alton Williams		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ruby Williams			
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. 500-10-3680		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS B. J. BAJORIN, Major, MSC US Army Hospital Ft Leonard Wood, Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction, myocardium ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis, coronary artery DUE TO (c) Arteriosclerotic heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 hrs ± 12 hrs ± Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 14 October, 19 52, to 14 October 19 52, that I last saw the deceased alive on 14 October, 19 52, and that death occurred at 8:55 Am., from the causes and on the date stated above.							
23a. SIGNATURE DONALD H. GIESLER		23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		23c. DATE SIGNED 14 Oct 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-16-52		24c. NAME OF CEMETERY OR CREMATORY SEYMOUR CEM.		24d. LOCATION (City, town, or county) (State) SEYMOUR, MO	
DATE REC'D BY LOCAL REG. 10-14-52		REGISTRAR'S SIGNATURE Paula E. Anderson		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. K. Ferrell Fordland Mo			

(Licensed Embalmers' Statement on Reverse Side)

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

Date Filed 10-25-52
File Number _____

Pulaski County Health Officer

RECEIVED 10-14-52

MAR 25 1953

MAR 12 1953

MAR 17 1953

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.