

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38371

State File No.

LED DEC 8 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2012 Registrar's No. 1076

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	c. LENGTH OF STAY (In this place) <u>1 Day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Bois D'Arc</u> <u>0390</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Pap. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles S.E.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Izick</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3 1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 8-1891</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>25</u>	IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Marion Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Vina Henry</u>	14. NAME OF HUSBAND OR WIFE <u>Savannah Williams</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>491-12-1210</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Grace J. Williams Bois D'Arc</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u>		
	DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12/3, 1952, to 12/3, 1952, that I last saw the deceased alive on 12/3, 1952, and that death occurred at 10:53p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <u>D. Callaway M.D.</u>	23b. ADDRESS <u>Springfield</u>	23c. DATE SIGNED <u>12/4/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 6-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wright Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>1 1/2 miles South Clever Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-6-52</u>	REGISTRAR'S SIGNATURE <u>Edna Williams</u>	DEPUTY REGISTRAR'S SIGNATURE <u>Edna Williams</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. Birch</u>	ADDRESS <u>Oak Grove Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0396

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 _____

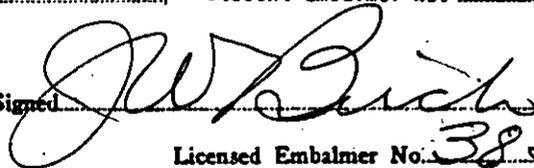
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 3857

P. O. Address Ash Grove 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.