

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43012**

D. Tombs
FILED DEC 22 1952

BIRTH NO. _____ REG. DIST. NO. **172** PRIMARY REG. DIST. NO. **4803** Registrar's No. **60**

780
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, write RURAL and give township) Steele		c. CITY (If outside corporate limits, write RURAL and give township) Steele 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) Franklin c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) 12-1-52		
5. SEX M	6. COLOR OR RACE Cal	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7-29-52	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Days 4 Hours 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Steele Mo	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME C.W. Williams		13b. MOTHER'S MAIDEN NAME Juanita Price		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Helen Baswell Steele 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bi-lateral Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH Questionable
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 490X

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? 9:00 am. 12-1-52
22. I hereby certify that I attended the deceased from 12-1-52 , 19 52 , to 9:30 am , 19 52 , that I last saw the deceased alive on 12-1-52 , 19 52 , and that death occurred at 9:30 AM m., from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) Woodrow McDowell, M.D.		23b. ADDRESS Hopki, Missouri		23c. DATE SIGNED 12/10/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 12-1-52	24c. NAME OF CEMETERY OR CREMATORY Holly Grove	24d. LOCATION (City, town, or county) (State) Steele Mo	

DATE REC'D BY LOCAL REG. 12/5-52	REGISTRAR'S SIGNATURE Carl Williams	25. FUNERAL DIRECTOR'S SIGNATURE Berman and Co	ADDRESS Steele Mo
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12-362-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 17 1952

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 _____

Not Embalmed
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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.