

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44222**

FILED JAN 9 1953

REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074**Registrar's No. **944**

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. LENGTH OF STAY (in this place) 3 1/2 hours		c. CITY (If outside corporate limits, write RURAL and give township) Parma		0724	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp				d. STREET ADDRESS (If rural, give location) Box 41			
3. NAME OF DECEASED (Type or Print) a. (First) Larry			b. (Middle) Dale		c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) 12-24-1952
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child		8. DATE OF BIRTH 8-9-1950	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child		11. BIRTHPLACE (State or foreign country) Parma, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Ida Mae Williams		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Rosa Lu Williams			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 4 hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ingestion of Rat Poison				DUE TO (b) _____			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				E 8880 14			
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.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) PARMA NEWMADRID Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 24 Dec 1952		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? ACCIDENTAL INGESTION OF LIQUID RAT POISON			
22. I hereby certify that I attended the deceased from on Dec 24, 1952 , to DATE , 19 52 , that I last saw the deceased alive on 24 Dec, 1952 , and that death occurred at 1:40 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Andrea B. Smith M.D.				23b. ADDRESS Sikeston Mo.		23c. DATE SIGNED 27 Dec 52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-24-52		24c. NAME OF CEMETERY OR CREMATORY Cabron Colored		24d. LOCATION (City, town, or county) (State) Cabron MO	
DATE REC'D BY LOCAL REG. 1-2-53		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Fun Service			
				ADDRESS Parma Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 5 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 153--7

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter Mural Waters

Licensed Embalmer No. 4707

P. O. Address Deer, 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.