

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18870**

FILED MAY 20 1953

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5900** Registrar's No. **78**

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

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gabler		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOHNS	
c. LENGTH OF STAY (In this place) 17 yrs		d. STREET ADDRESS (If rural, give location) Box 498 Gabler, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION GenDel Gabler			

3. NAME OF DECEASED (Type or Print)	a. (First) Estelle	b. (Middle) (NMA)	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) May 10 1953
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5. SEX F	6. COLOR OR RACE Neuro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 17 1892	9. AGE (In years last birthday) 61 (Months) 4 (Days) 23 (Hours) un (Mins) un
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant operator	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) Mississippi	12. CITIZENRY OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ed Barney	13b. MOTHER'S MAIDEN NAME Lucy Shepard	14. NAME OF HUSBAND OR WIFE Will Williams
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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. none	17. INFORMANT'S SIGNATURE OR NAME Will Williams ADDRESS Box 498 Gabler, Mo
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Coma		
	ANTECEDENT CAUSES DUE TO (b) Diabetes Mellitus 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.			

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) _____ m.	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 **May 10**, 19**53**, to **May 10**, 19**53**, that I last saw the deceased alive on **May 10**, 19**53**, and that death occurred at **7:25P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Quinton Tarver, M.D.	23b. ADDRESS Kennett, Mo.	23c. DATE SIGNED 5/12/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 14 May 53	24c. NAME OF CEMETERY OR CREMATORY Gabler Calced Cemetery	24d. LOCATION (City, town, or county) (State) Gabler, Mo
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DATE REC'D BY LOCAL REG. 5-18-53	REGISTRAR'S SIGNATURE John H. Herman NO. 40650	25. FUNERAL DIRECTOR'S SIGNATURE Philip B. Dwyer ADDRESS Centerville, Mo
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5-169-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAY 19 1953

MAY 21 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. None

working under my personal supervision.

Student None.....
Student Embalmer

Signed Philip B. Wood

Licensed Embalmer No. 4833

P. O. Address Caruthersville, 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.