

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20413**
Registrar's No. **106**

FILED MAY 25 1953 REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **60973** ~~6072~~

1. PLACE OF DEATH
a. COUNTY **Mo. State School**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Marshall Twp. 5270**
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION **Mo. State School**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo.** b. COUNTY **Clay Co.**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural 8030**
d. STREET ADDRESS (If rural, give location) **None 8**

3. NAME OF DECEASED
a. (First) **HARRY** b. (Middle) **---** c. (Last) **WILLIAMS**

4. DATE OF DEATH (Month) (Day) (Year) **May 17, 1953**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Never married** **8. DATE OF BIRTH** **July 4, 1887** **9. AGE (in years last birthday)** **65-10-13**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **none** **10b. KIND OF BUSINESS OR INDUSTRY** **None** **11. BIRTHPLACE** (State or foreign country) **Clay Co. Ark. - 1** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **No record** **13b. MOTHER'S MAIDEN NAME** **No record** **14. NAME OF HUSBAND OR WIFE** **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year of discharge of service) **No** **16. SOCIAL SECURITY NO.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **Mo State School** **ADDRESS**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Phthisis Pulmonalis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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 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) _____ **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 July 21, 1952, to May 17, 1953, that I last saw the deceased alive on May 16, 1953, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W. L. Lawless M.D.** **23b. ADDRESS** **Marshall Mo.** **23c. DATE SIGNED** **5-17-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **5/19/53** **24c. NAME OF CEMETERY OR CREMATORY** **Mo. State School** **24d. LOCATION (City, town, or county) (State)** **Marshall, Missouri**

DATE REC'D BY LOCAL REG. **5-19-53** **REGISTRAR'S SIGNATURE** **Gianey F. Gray 385** **25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS** **J. Leslie Surrency-Marshall, Mo.**

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

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..... *J. Lealie Sweeney*

Licensed Embalmer No. *22305*

P. O. Address..... *Marshall, W.*

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.