No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35207

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 348

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

1. PLACE OF DEATH
a. COUNTY: CALLOWAY MISS OURI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FULTON MISSOURI
c. LENGTH OF STAY (in this place): 4Y-5M-24D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL NO 1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: OSAGE MO 0760
c. CITY OR TOWN: BONNETTS MILL
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 1
e. STREET ADDRESS (If rural, give location): D.K.

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH H b. (Middle) WILLIAMS c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): OCT- 26th- 1953

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER 2
8. DATE OF BIRTH: Mar- 1st 1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 7, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: On Railro ad
11. BIRTHPLACE (City and State or Foreign Country): OSAGE COUNTY Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ANDREW WILLIAMS
13b. MOTHER'S MAIDEN NAME: CATHERINE SIMPSON
14. NAME OF HUSBAND OR WIFE: NOT GIVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NOT GIVEN
16. SOCIAL SECURITY NO.: D.K.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: HOSPITAL RECORDS FULTON 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myo-Carditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypo-Hyper Chromia of Red Blood cells
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 291X
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) m.
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* May- and, 49, *to* Oct- 26-, 1953, *that I last saw the deceased alive on* M Oct- 26, 1953, *and that death occurred at* 9:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Henry Fowler M. D. — Henry Fowler M.D. 0
23b. ADDRESS: FULTON MO
23c. DATE SIGNED: 10/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 26-1953
24c. NAME OF CEMETERY OR CREMATORY: DK
24d. LOCATION (City, town, or county) (State): Osage County Mo.

DATE REC'D BY LOCAL REG.: Oct. 26-1953
REGISTRAR'S SIGNATURE: Maretta Lawrence 426-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Vernon M. Morton - Linn Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Vernon M. Morton

Licensed Embalmer No.4125

P. O. Address Linn M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.