No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5248

FILED MAR 12 1954

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (In this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 419 High St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Carthage
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 419 High St

0493

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

4. DATE OF DEATH (Month) (Day) (Year): March 2-1954

5. SEX: male. 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 30-1885
9. AGE (In years last birthday): 68
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired grocer
10b. KIND OF BUSINESS OR INDUSTRY: grocery
11. BIRTHPLACE (City and State or Foreign Country): Barton County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Isaac Williams
13b. MOTHER'S MAIDEN NAME: Susan Castleberry
14. NAME OF HUSBAND OR WIFE: Lee Etta Wiley Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Lee Williams, 419 High, Carthage, Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bright's disease — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis
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: 593 X
20. AUTOPSY? YES [ ] NO [X]

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* 2-24, 1954, *to* 3-2, 1954, *that I last saw the deceased alive on* 2-28, 1954, *and that death occurred at* 11:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. E. Baker M.D. (Degree or title) MD
23b. ADDRESS: Carthage, Mo
23c. DATE SIGNED: 3-3-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Mar 5-1954
24c. NAME OF CEMETERY OR CREMATORY: Kelley Cemetery
24d. LOCATION (City, town, or county) (State): Barton County, Mo.

DATE REC'D BY LOCAL REG.: 3-4-54
REGISTRAR'S SIGNATURE: Lloyd B. Clinton M.D. 139-0
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Knell Mortuary, Carthage, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 1 1 1954
Jasper County Health Office
County File Number 54-2-193
Date Filed MAR 1 1 1954

MAR 23 1956

STATEMENT BY LICENSED EMBALMER

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

by me, or by O. L. Isbell, Student Embalmer No. 500

working under my personal supervision..

Student O. L. Isbell
Signature of Student Embalmer

Signed Frank W. Kneece

Licensed Embalmer No. 4440

P. O. Address Carthage, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.