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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7714**

FILED APR 7 1954

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **4042** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo, b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give township) Lutesville, Lorange,		c. CITY (If outside corporate limits, write RURAL and give township) Lutesville 0090	
c. LENGTH OF STAY (in this place) 10, years		d. STREET ADDRESS (If rural, give location) Scott Coal Field	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Bert b. (Middle) Carl c. (Last) Williams,			4. DATE OF DEATH (Month) (Day) (Year) 3- 26th 1954		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Aug, 19th 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 7 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ky,	
12. CITIZEN OF WHAT COUNTRY? 0090					

13a. FATHER'S NAME David, Williams.	13b. MOTHER'S MAIDEN NAME Ettings,	14. NAME OF HUSBAND OR WIFE
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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. 328- 03-3089	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Hazel Garber - 730 Columbia Pl East St, Louis 1, LL
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate & metastasis to lung		
	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 177X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 **March 20, 1954**, to **March 26, 1954**, that I last saw the deceased alive on **March 26, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Emerith L. Price D.O.	23b. ADDRESS Lutesville, Mo	23c. DATE SIGNED 3-30-54
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24a. BURIAL - CREMATION REMOVAL (Specify) Burial	24b. DATE 3- 30th 54	24c. NAME OF CEMETERY OR CREMATORY Baker Cemetery	24d. LOCATION (City, town, or county) (State) Near Lutesville, Mo,
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DATE REC'D BY LOCAL REG. 3-31-54	REGISTRAR'S SIGNATURE Willie Ann Amburgh	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Baker Funeral Home, Lutesville, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

R. J. Baker

Licensed Embalmer No. 3673

P. O. Address Luttrell TN

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.