No. 300
10.48

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11373

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4058 Registrar's No. 271

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harwell Mo.
c. LENGTH OF STAY (In this place) 26
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo - b. COUNTY Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harwell Mo - 0120
d. STREET ADDRESS (If rural, give location) General Delivery

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Williams

4. DATE OF DEATH (Month) April (Day) 18 (Year) 1954

5. SEX male 2
6. COLOR OR RACE Negro
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH 1-5 1873
9. AGE (In years last birthday) 81 — If under 1 year: Months 3 Days 13 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charlie Williams
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Mary B. 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.
17. INFORMANT'S SIGNATURE OR NAME Mary B. Williams, Harwell Mo. ADDRESS

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — Undetermined
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 331 X
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* April 3, 1954, *to* April 18, 1954, *that I last saw the deceased alive on* April 18, 1954, *and that death occurred at* 12:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE J. L. Smith (Degree or title) Do.
23b. ADDRESS Box 328 Neelyville, Mo.
23c. DATE SIGNED 4-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 4-25-1954
24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove
24d. LOCATION (City, town, or county) Butler (State) Mo.

DATE REC'D BY LOCAL REG. 4/22/54
REGISTRAR'S SIGNATURE R H Minetree 489
25. FUNERAL DIRECTOR'S SIGNATURE Fred J. Smith - Sikeston, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 26 1954
BUTLER CO. HEALTH CENTER
FILE No._____

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sideston, Md.

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.