

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29947

State File No. _____
Registrar's No. 474

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		State File No. _____		Registrar's No. 474					
1. PLACE OF DEATH a. COUNTY Butler					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Michigan b. COUNTY								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Detroit 16			8 210					
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.					d. STREET ADDRESS (If rural, give location) 1549 Henry St.								
3. NAME OF DECEASED (Type or Print) John Francis Williams			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 30, 1888		9. AGE (In years last birthday) 65		10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Stoddard County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Bill Williams				13b. MOTHER'S MAIDEN NAME Sarah Boyer				14. NAME OF HUSBAND OR WIFE Mary Ann Dement Williams					
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde Williams, Poplar Bluff, Mo.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral vascular accident								INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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. Gastrointestinal hemorrhage											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?								
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:10A m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Cecil H. Page, M.D.					23b. ADDRESS Poplar Bluff, Mo.			23c. DATE SIGNED 9-10-54					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-10-54		24c. NAME OF CEMETERY OR CREMATORY Rock Hill, Cem.			24d. LOCATION (City, town, or county) (State) Stoddard County, Mo.						
DATE REC'D BY LOCAL REG 9/16/54		REGISTRAR'S SIGNATURE Frank Cotrell			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.								

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 21 1954
BUTLER CO. HEALTH CENTER

FILE No. _____

OCT 11 1954

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 4120 W. Poplar Blvd

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.