

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36216

State File No. ....

FILED NOV 1 - 1954 BIRTH NO. ... REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>216 N. West</u>		d. STREET ADDRESS (If rural, give location) <u>216 N West</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>HENRY</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-11-54</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>12-7-1880</u>			9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>CRITTENDEN Co. KY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>BILLIE WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-16-1627</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Buelle Williams 216 N West Sikeston Mo</u>	
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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, ashenia, 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) <u>apoplexy</u>		ANTECEDENT CAUSES <u>arteriosclerosis</u>					
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.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>334X</u>	
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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 10-2, 1954, to 10-11, 1954, that I last saw the deceased alive on 10-2, 1954, and that death occurred at 10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Kienstedt M.D.</u>		23b. ADDRESS <u>1802 F Sikeston</u>		23c. DATE SIGNED <u>10-16-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-12-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLD CITY</u>	
				24d. LOCATION (City, town, or county) (State) <u>MORLEY MO.</u>	

DATE REC'D BY LOCAL REG. <u>10-16-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clara ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Welsh Funeral Home Sikeston Mo</u>	
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WRITE PLAINLY—USING BLACKINK—MAKE A PERMANENT RECORD

DATE RECEIVED

401 25 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No.

1054-218

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

*Raymond S. Crews*

Licensed Embalmer No.

3467

P. O. Address

*St. Keaton Mo.*

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.