

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37680**

FILED NOV 21 1955

BIRTH NO. _____ REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **1907** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele Dist (Wright)		c. CITY OR TOWN Steele Dist	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Carter Hosp		e. STREET ADDRESS (If rural, give location) Route 3 0780	

3. NAME OF DECEASED (Type or Print) a. (First) Irma b. (Middle) Williams c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) 10-26-55		
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5. SEX F	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH unknown	9. AGE (In years ? last birthday) 49	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 18 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Clinton La		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Ernest Carter		13b. MOTHER'S MAIDEN NAME Rosa Brooks		14. NAME OF HUSBAND OR WIFE Charlie Williams	
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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) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Charlie Williams Jr. Steele Dist 3		ADDRESS _____	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Automobile wreck resulting in ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broken neck + Abdominal injuries DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
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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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) Highway 61		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Steele Rural Pemiscot Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-26-55 P m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car Truck Wreck	
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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 **5:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE John H. German (Degree or title) Coroner		23b. ADDRESS Dayton, Mo		23c. DATE SIGNED 10-26-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 10-27-55		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Clinton La	
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DATE REC'D BY LOCAL REG. 11-15		REGISTRAR'S SIGNATURE L. A. Williams 249-0		25. FUNERAL DIRECTOR'S SIGNATURE German and Co. Steele Mo		ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-327-55

NOV 19 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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
Signature of Student Embalmer

Signed *John H. German*

Licensed Embalmer No. *435*
P. O. Address *Hayti, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.