

## STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5438 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Brush Creek township)		c. LENGTH OF STAY (in this place) 2 yrs.	c. CITY OR TOWN Cuba
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm Home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
f. STREET ADDRESS		(If rural, give location) Cuba, Mo. Rt. 1 0370	

3. NAME OF DECEASED (Type or Print)	a. (First) Harry	b. (Middle) Lee	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 26, 1908	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker	10b. KIND OF BUSINESS OR INDUSTRY Factory and Farm	11. BIRTHPLACE (City and State or Foreign Country) Cedar Hill, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lee L. Williams	13b. MOTHER'S MAIDEN NAME Dora Sands	14. NAME OF HUSBAND OR WIFE Marie Francis Williams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 492-12-8335	17. INFORMANT'S SIGNATURE OR NAME Mrs. Marie Williams	ADDRESS Cuba, Mo. Rt. 1
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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) Pulmonary Embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Upper Respiratory infection DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	475X	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)
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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?
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22. I hereby certify that I attended the deceased from 1-26, 1956 to Jan 27, 1956, that I last saw the deceased alive on Jan 26, 1956, and that death occurred at 9:15a m., from the causes and on the date stated above.

23a. SIGNATURE R. M. Keller	(Degree or title) M.D.	23b. ADDRESS Owensville, Mo.	23c. DATE SIGNED 1-28-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-30-1956	24c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	24d. LOCATION (City, town, or county) (State) Cedar Hill, Mo.
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DATE REC'D BY LOCAL REG. January 30, 1956	REGISTRAR'S SIGNATURE Mrs. Marvyn Jappmeyer	493-0	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
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1956  
FEB 8

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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 me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... Melvin H H W

Licensed Embalmer No..... 38

P. O. Address... OWENS

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.