

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4111

State File No.

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5282 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, with RURAL and give township) OR TOWN <u>rural Swat Homestead</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Revere</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0250</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Guerden</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18 1956</u>		
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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>Aug. 24 - 1889</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 2 MRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Wayland Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>James Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Belle Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy E. Williams</u>	
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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 ADDRESS <u>Mrs. Lucy E. Williams Revere</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>asphyxy</u>			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
	DUE TO (c)			
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334x</u>		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>Revere Clark Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 Feb 16, 1956 to Feb 18, 1956 that I last saw the deceased alive on Feb 16, 1956, and that death occurred at 1300m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. A. McConnell M.D.</u>	23b. ADDRESS <u>Revere Mo</u>	23c. DATE SIGNED <u>Feb 20 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 21 - '56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Revere Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Revere Mo.</u>
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DATE REC'D BY LOCAL HEALTH DEPT. <u>Feb 23 - 56</u>	REGISTRAR'S SIGNATURE <u>J. H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas. L. ...</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 9 1957

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.....
Oliver L. Luttig

Licensed Embalmer No. *296*

P. O. Address *.....*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fg 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.