

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14161

State File No.

FILED APR 17 1956

BIRTH NO. _____ REG. DIST. NO. ~~778~~ 70 PRIMARY REG. DIST. NO. 3050 Registrar's No. 37

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| 1. PLACE OF DEATH a. COUNTY <u>Boonville</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boonville</u> | |
| b. CITY OR TOWN <u>Caruthersville</u> | | c. CITY OR TOWN <u>Caruthersville</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) | | • STREET ADDRESS (If rural, give location) <u>Route 1</u> <u>0780</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Leonard</u> b. (Middle) <u>Williamson</u> c. (Last) <u>Williamson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-56</u> |
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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>Col</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>abt</u> | 9. AGE (In years last birthday) <u>62</u> | 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) <u>laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ill</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Blumer Williamson</u> | 13b. MOTHER'S MAIDEN NAME <u>—</u> | 14. NAME OF HUSBAND OR WIFE <u>Rosa Williamson</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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>—</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Williamson</u> ADDRESS <u>Caruthersville</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>10 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensatio</u> | DUE TO (b) <u>Hypertensive C.V. disease</u> | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>none</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> | | |

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| 19a. DATE OF OPERATION <u>—</u> | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, theatre, school, office bldg., etc.) <u>—</u> | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Caruthersville Boonville Mo</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u> | 21e. INJURY OCCURRED WHILE AT WORK? WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>—</u> |
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22. I hereby certify that I attended the deceased from 2-27, 1956 to 3-14, 1956, that I last saw the deceased alive on 3-5, 1956, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>O. W. Cook M.D.</u> | 23b. ADDRESS <u>Caruthersville Mo</u> | 23c. DATE SIGNED <u>3-31-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3-18-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Haley Grove</u> | 24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>4-12-1956</u> | REGISTRAR'S SIGNATURE <u>Jessie B. Wilke</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gannon and Co.</u> ADDRESS <u>Steele Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

47

4-17-56

APR 16 1956

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. Gorman*

Licensed Embalmer No. *4235*

P. O. Address *Hayti*

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.