

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **407** PRIMARY REG. DIST. NO. **3019** Registrar's No. **114**

52

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

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Keosauqua</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Caruthersville 0782</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dunklin Co. Memorial Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>1516 Ward Ave.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>Monroe</b>	c. (Last) <b>Williams</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 13 1951</b>
-------------------------------------	---------------------------	---------------------------	---------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9-15-1895</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 MIN. Min.
--------------------	---------------------------	---	-----------------------------------	---	------------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery</b>	11. BIRTHPLACE (State or foreign country) <b>Paducah, Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	--	--	--

13a. FATHER'S NAME <b>William Thomas Williams</b>	13b. MOTHER'S MAIDEN NAME <b>Adeline Poat</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Williams</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>490 18 3349</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Boyd Williams</b>	ADDRESS <b>2Sikeston, Missouri</b>
--	--	--	------------------------------------

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 <b>10 min.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Operation for tumor of kidney</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>7571</b>	

19a. DATE OF OPERATION <b>10-13-51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Multicystic cyst of R kidney</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--	---

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)
--	--	---

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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **10-10**, **10-11**, to **10-13**, 19**51**, that I last saw the deceased alive on **10-13**, 19**51**, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Doris B. ...</b> (Degree or title)	23b. ADDRESS <b>Caruthersville, Mo.</b>	23c. DATE SIGNED <b>10-13-51</b>
--	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Oct. 13, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Caruthersville, Missouri</b>
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>10-16-1951</b>	REGISTRAR'S SIGNATURE <b>Carl ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H.S. Smith</b>	ADDRESS <b>Funeral Home Caruthersville</b>
--	---------------------------------------	--	--

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 10-16-51.....  
COUNTY FILE NUMBER 1051-377.....

NOV 6 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed W. Denver Pike

Signed.....  
Student Embalmer

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.