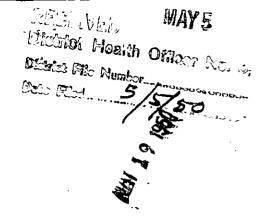
	FIED MAY 6 1950 THE DIVISION OF H	EALTH OF MISSOURI
. No.300	STANDARD CERTI	IFICATE OF DEATH State File No. 14234
. 10.45	BIRTH NO REG. DIST. NO. 298	PRIMARY REG. DIST, NO. 4448 Registrar's No
896	1. PLACE OF DEATH a. COUNTY ROLL	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE b. COUNTY Ray.
0	b. CITY (If outside approache limits, write RURAL and give township) OR township) GUADA Guada	ce) OR DO 70
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address of location HOSPITAL OR INSTITUTION	
RE	3. NAME OF a. (First) b. (Middle) DECEASED	c. (Last) 4. DATE (Month) (Day) (Year)
F.	(Type or Print) (HARLES OLIVER	WILLIAMS DEATH (CAPUL 25 1950
LNE	5. SEX TO COLOR OR RACE 7. MARRIED, NEVER MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years I W UNDER I YEAR LOUIS Min. 14 1882 67 10 11 EAR Hours Min.
PERMANENT	10g. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IN 10g. even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
PE		EN NAME 14. NAME OF HUSBAND OR WIFE
_ ◀	Jul Newy Williams Pauline	Lovell Cara Bell Williams
, IAKE	IA WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (No. no. or unknown) (If year live war or dates of service)	Y 17. INFORMANT'S SIGNATURE OR NAME ADDRESS
×	18. CAUSE OF DEATH MEDICAL	CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
NK	Enter only one cause per line for (a), (b), and (c) DIRECTLY LEADING TO DEATHS	rema Cule retition 10 days
CK 1	ANTECEDENT CAUSES	rolluenna 3 wks
BIA	the mode of dying, such as heart fallure, authenia, rise to the above cause (a) stating the underlying cause last.	V = 1, 10 = 10 = 1
ق	ease, injury, or complica- tion which caused death. II. OTHER SIGNIFICANT CONDITIONS	
DING	Conditions contributing to the death but not related to the disease or condition causing death.	481X
NFZ.	19a. DATE OF OPERA- 196 MAJOR FINDINGS OF OPERATION 110 PM	
p .	21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about	
SING	SUICIDE home, farm, factory, street, office bldg., etc	Lawren Pay 110
sn-	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE INJURY ORK AT WORK	21f. Hów did injury occur?
AINLY	22. I hereby certify that I attended the deceased from alive on alive 24, 1950, and that death occurred a	15, 1950, to 25, 1950, that I last saw the deceased it 9:12 Am., from the causes and on the date stated above.
PL	23a. SIGNATURE Buchrer MD	1 Lawson Wto April25 193
WRITE	248. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETER BURIAL BOOKEN April 2750 Lawson	ERY OR CREMATORY, 24d, LOCATION (City, town, or county). (Suite)
. ≥	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
-	(1227, 950 Mrs. Caymond Liove	Sarman Truckard Lawson, Mo.
	(Licensed Embalmer's	(Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	certificate was embalmed by me, or by-
Corking under my personal supervision	Student Embelmer No

Student Embalmer

Licensed Embalmer No ...

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.