

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14231

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 4448 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lawson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lawson</u>	
c. LENGTH OF STAY (in this place) <u>9 years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>CHARLES</u> b. (Middle) <u>OLIVER</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 25 1950</u>		
5. SEX <u>Male</u> b. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 14 1882</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stationary Fireman</u>		11. BIRTHPLACE (State or foreign country) <u>Princeton Missouri</u>	
13a. FATHER'S NAME <u>John Henry Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Lovell</u>		14. NAME OF HUSBAND OR WIFE <u>Caro Bell Williams</u>	

14. 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>486-12-6065</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Caro Bell Williams Lawson Mo</u> ADDRESS <u>Lawson Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Acute Uremia, Acute Prostatitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Influenza,</u>		3 wks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		481X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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>Lawson Ray Mo</u>	
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 April 15, 1950, to April 25, 1950, that I last saw the deceased alive on April 24, 1950, and that death occurred at 9:12 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clatus Buehner M.D.</u>		23b. ADDRESS <u>Lawson Mo</u>		23c. DATE SIGNED <u>April 25 1950</u>	
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24a. BURIAL CREMATION-REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 27 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lawson</u>	
24d. LOCATION (City, town, or county) <u>Lawson</u>		24e. (State) <u>Mo</u>			

DATE REC'D BY LOCAL REG. <u>Apr 27, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs Raymond Lovell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jerman Richard</u> ADDRESS <u>Lawson, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

896  
6

MAY 5

District Health Officer No. 19,  
District File Number

Date Filed 5/5/50

MAY 6 1950

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 .....  
Student Embalmer

Signed *Lindell K. Jarman*

Licensed Embalmer No. 4589

P. O. Address *Exelior Springs*

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.