

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17601

FILED JUN 3 1952

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4446 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Hardin Mo		c. CITY (If outside corporate limits, write RURAL and give township) Hardin Mo	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) East Elm St	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. CITY OR TOWN 0890	

3. NAME OF DECEASED (Type or Print) a. (First) Delbert b. (Middle) Franklin c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) 5-29-1952		
5. SEX 0 Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sep-23-1910	9. AGE (In years last birthday) 41	if UNDER 1 YEAR Months 8 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ray Co Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME James F Williams		13b. MOTHER'S MAIDEN NAME Rolie Brown		14. NAME OF HUSBAND OR WIFE Grace Kennedy	
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. none		17. INFORMANT'S SIGNATURE OR NAME Ms Grace Williams ADDRESS Hardin	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gun Shot Wound		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) self inflicted		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E976X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE UNKNOWN (Specify)	21b. PLACE OF INJURY (e.g., in or about home, yard, factory, street, office bldg., etc.) at home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hardin Ray Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May-29-52-12:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I, last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) John A. Baber, M.D.		23b. ADDRESS Residence		23c. DATE SIGNED 5-31-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE June 1-1952		24c. NAME OF CEMETERY OR CREMATORY Wakenda	
24d. LOCATION (City, town, or county) (State) Hardin Mo					

DATE REC'D BY LOCAL REG. June 1-1952	REGISTRAR'S SIGNATURE Malcolm Jackson	25. FUNERAL DIRECTOR'S SIGNATURE Krupschild & Boeckhert	ADDRESS Hardin Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

890
1

2501 97 NMF

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed John W. Knipschild

Signed _____
Student Embalmer

Licensed Embalmer No. 2789

P. O. Address Hardin 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.