

No. 300
10. 48

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17613

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5972 Registrar's No. 69

2840
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) Flemington		c. CITY (If outside corporate limits, write RURAL and give township) Flemington	
c. LENGTH OF STAY (In this place) apl life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Jordan	b. (Middle) Walter	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) 5 3 51
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5. SEX Male	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 23, 1879	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 9 Days 10	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Flemington, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lidge Williams	13b. MOTHER'S MAIDEN NAME Ellen Coon	14. NAME OF HUSBAND OR WIFE Viannia
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Viannia Williams, Flemington	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Head of Pancreas.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		157x	

19a. DATE OF OPERATION ?	19b. MAJOR FINDINGS OF OPERATION Cholecystoduodenostomy Done at Halsted Hospital. Do not know exact date.	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)
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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?
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22. I hereby certify that I attended the deceased from **March 2, 1951**, to **April 20, 1951**, that I last saw the deceased alive on **April 20, 1951**, and that death occurred at **11:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE R. D. Smith M.D.	(Degree or title)	23b. ADDRESS Polk, Mo	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/6/51	24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery	24d. LOCATION (City, town, or county) (State) Hickory Co., Missouri
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DATE REC'D BY LOCAL REG. May 7, 1951	REGISTRAR'S SIGNATURE Ralph Gordon	25. FUNERAL DIRECTOR'S SIGNATURE 258 Jewell Ford	ADDRESS Funeral Home Hannasville
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(Licensed Embalmer's Statement on Reverse Side)