

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23926**

**FILED AUG 6 1948**

Registration District No. \_\_\_\_\_

Primary Registration District No. **4443**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Randolph

(b) City or town Huntsville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Bright Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Randolph

(c) City or town Huntsville  
(If outside city or town limits, write "RURAL")

(d) Street No. Bright Street  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** William Manuel Williams

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 2 | 5. Color or race negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lillian Williams

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased February 3 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>5</u>	<u>26</u>	hr. _____ min.

9. Birthplace Charlotte South Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation minister

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name James Williams

13. Birthplace Charlotte South Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Williams

15. Birthplace Fort Smith Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William Williams

(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof 7/31/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) 7-31-48 (b) W. H. Barnhart  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 29  
year 1948 hour 3:05 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 7/27/48 to 7/29/48, 19\_\_\_\_; that I last saw him alive on 7/27/48, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart failure

Due to Arteriosclerosis; cirrhosis of the liver and Uremia

Due to Uremia

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Geo. M. Esselman (M. D. or other) \_\_\_\_\_

Address Huntsville, Mo Date signed 7/30/48

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No.

District File Number 8-48-1

Date Filed AUG 4 - 1948

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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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Paul J. Patton*

Licensed Embalmer No. 4095

P. O. Address. Huntsville, M

**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.**