

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8914

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5579		Registrar's No. _____		64		
1. PLACE OF DEATH a. COUNTY Jasper					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (mineral)			c. LENGTH OF STAY (In this place) 9mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (mineral)			3		
d. FULL NAME OF HOSPITAL OR INSTITUTION N. E. Webb City, Mo.					d. STREET ADDRESS (If rural, give location) N.E. Webb City Mo.					
3. NAME OF DECEASED (Type or Print) John			a. (First) M		c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) 3 28 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9/7-1889		9. AGE (In years last birthday) 59		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Pierce City, Missouri			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Samuel A. Williams			13b. MOTHER'S MAIDEN NAME Cordelia Jane Tucker			14. NAME OF HUSBAND OR WIFE Una Ann Williams				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Una Ann Williams ADDRESS Oronogo, Mo.					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) UNKNOWN DUE TO (c) UNKNOWN II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. UNKNOWN							INTERVAL BETWEEN ONSET AND DEATH 10 min.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4 20							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rural (Mineral)			21c. (CITY, TOWN, OR TOWNSHIP) Jasper		21d. (COUNTY) Jasper		21e. (STATE) Mo	
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 4:30 p.m. on 3-28-49, 1949; that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 p.m., from the causes and on the date stated above.										
23a. SIGNATURE <i>Alba M. O'Connell</i> (Degree or title) D.O.C.				23b. ADDRESS ALBA - Mo.				23c. DATE SIGNED 3-28-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/1/49		24c. NAME OF CEMETERY OR CREMATORY Pierce City Cemetery			24d. LOCATION (City, town, or county) (State) Pierce City, Mo.			
DATE REC'D BY LOCAL REG. MCH; 30; 1949		REGISTRAR'S SIGNATURE <i>H. S. Sutchess m 137</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wedge Lewis by Al Lawin Webb City Mo</i>					

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. .

Signed *Richard Gray Lewis*

Signed.....
Student Embalmer

Licensed Embalmer No. *4405*

P. O. Address *Webb City 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.