

FILED MAY 28 1951

STANDARD CERTIFICATE OF DEATH

State File No. 16238

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>465</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Greene		b. CITY (If outside corporate limits, write RURAL and give township) Springfield		a. STATE Missouri		b. COUNTY Greene	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2129 N. Howard Avenue		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Springfield		d. STREET ADDRESS (If rural, give location) 2129 N. Howard Avenue	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) NATHAN	b. (Middle) ROLAND	c. (Last) WILLIAMS	(Month) May	(Day) 22,	(Year) 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 2, 1873		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 0	IF UNDER 1 HR. Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Greene County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Stephen Williams		13b. MOTHER'S MAIDEN NAME Ellen (Unknown)		14. NAME OF HUSBAND OR WIFE Rhoda Williams (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leonard S. Williams Springfield, 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					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pneumonia					12 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Gasrene both feet					4 mo.	
	DUE TO (c) Arteriosclerosis generalised					Unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4501					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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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 <u>Dec</u> , 19 <u>50</u> , to <u>May</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 10</u> , 19 <u>51</u> , and that death occurred at <u>8:15p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. W. Gillman Jr. M.D.				23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 5/24/1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/25/1951	24c. NAME OF CEMETERY OR CREMATORY Bassville Cemetery		24d. LOCATION (City, town, or county) (State) Greene County, Missouri			
DATE REC'D BY LOCAL REG. 5-26-51	REGISTRAR'S SIGNATURE W E Handley M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ayre-Goodwin Fun'l Service, Spfgld, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

2396

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Julian Goodwin

Signed.....

Student Embalmer

Licensed Embalmer No. 4562

P. O. Address *Springfield, 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.