

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27577

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 4299 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>LINN</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin</u> c. LENGTH OF STAY (in this place) <u>25 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>LINN</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin</u> <u>1580</u> d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>W. Williams</u> c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 30, 1951</u>	
5. SEX <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 5, 1878</u>
9. AGE (in years last birthday) <u>73</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Common Labor</u>	11. BIRTHPLACE (State or foreign country) <u>Callos, Mo (Dad)</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>J. Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Annie St. Clair</u>	14. NAME OF HUSBAND OR WIFE <u>Susie M. Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Susie M. Williams</u> ADDRESS <u>Bucklin, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u>		<u>1 day</u>
	ANTECEDENT CAUSES		
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		
	DUE TO (b) <u>Coronary Thrombosis</u>		
	DUE TO (c) <u>arteriosclerosis</u>		
	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		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)	<u>4201</u>
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>July 6, 1951</u> , to <u>Aug 30, 1951</u> , that I last saw the deceased alive on <u>Aug 30, 1951</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. A. Dinesness D.O.</u>	23b. ADDRESS <u>Bucklin Mo</u>	23c. DATE SIGNED <u>Aug 31, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 1, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cash Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New Cambria Mo.</u>
DATE REC'D BY LOCAL REG. <u>Aug 31, 1951</u>	REGISTRAR'S SIGNATURE <u>J. Brown</u>	167	E. FUNERAL DIRECTOR'S SIGNATURE <u>Larson Funeral Service</u> ADDRESS <u>Bucklin Mo.</u>

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

580  
1

Date Received: **SEP 10 1961**  
DISTRICT HEALTH OFFICE #2  
District File Number *9-57-1605'*  
Date Filed: **SEP 11 1961**

---

---

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.....  
Student Embalmer

Signed *C. A. Larson*

Licensed Embalmer No. *4037*

P. O. Address *Bucklin, 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.