

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34182**

FILED OCT 21 1952

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5712A		Registrar's No. 59		
1. PLACE OF DEATH a. COUNTY Ballinger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ballinger				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Scopus		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Scopus		0090		
d. FULL NAME OF HOSPITAL OR INSTITUTION: None				d. STREET ADDRESS (If rural, give location) 3 miles north of Scopus Mo. 0				
3. NAME OF DECEASED (Type or Print) a. (First) Julius b. (Middle) Amos c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) Oct 13 1952					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 29/1899		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 11 Days 14	IF UNDER 24 HRS. Hours 14 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William W. Williams			13b. MOTHER'S MAIDEN NAME Monta Ballinger		14. NAME OF HUSBAND OR WIFE Leo Williams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sebert Williams Mayfield 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, asphyxia, 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 Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis of the heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4-200				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased deceased 10/13, 1952 , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) John J. Higgins, Coroner				23b. ADDRESS Luterville Mo		23c. DATE SIGNED 10/15/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 16/1952		24c. NAME OF CEMETERY OR CREMATORY Patterson		24d. LOCATION (City, town, or county) (State) Patterson Mo		
DATE REC'D BY LOCAL REG. Oct. 17/1952		REGISTRAR'S SIGNATURE Willie Paul Pemberton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sam C. Stinson Luterville Mo				

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.