

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25395

State File No. ....

FILED JUL 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 327

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Okl.</u> b. COUNTY <u>Delaware</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grove</u>	
c. LENGTH OF STAY (in this place) <u>5 Week</u>		8350	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St Johns Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles East</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EVERETT</u> b. (Middle) <u>EARNEST</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 10 1953</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>MAY 14, 1881</u>		9. AGE (In years last birthday) <u>72 1/2</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HR. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer on own farm</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>JOHN WESLEY WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH FRANCES</u>		14. NAME OF HUSBAND OR WIFE <u>No</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Lybarger</u>		ADDRESS <u>Jenokla</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia from chronic interstitial glomerulonephritis.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Before</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic hypertrophy</u>				5-25-53 Undetermined.	
		DUE TO (c) <u>584 X</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Common bile duct obstruction, which was relieved by surgery.</u>				About 1 mo. before	

19a. DATE OF OPERATION <u>6-3-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Obstruction of common bile duct by calculus.</u>						20. AUTOPSY? <u>No</u>	
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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) m.		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 5-25-53, 1953, to 7-10, 1953, that I last saw the deceased alive on 7-10, 1953 and that death occurred at 505 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree of title) <u>M.D.</u>		23b. ADDRESS <u>410 Jackson, Joplin, Mo.</u>		23c. DATE SIGNED <u>7-13-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-10-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Olympus, Delaware Co. Del.</u>		24d. LOCATION (City, town, or county) (State) <u>Delaware</u>	
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DATE REC'D BY LOCAL REG. <u>7-16-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Worley Funeral Home Jenokla</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-23-53

Jasper County Health Office

County File Number 620

Date Filed 7-23

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. \_\_\_\_\_

*Not Embalmed*

Student \_\_\_\_\_

Student Embalmer

Signed \_\_\_\_\_

*W. E. Worley*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*Grave Creek*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.