

STANDARD CERTIFICATE OF DEATH

State File No. **38845**

FILED NOV 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **4201** Registrar's No. **1011**

0390

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Republic</b>		c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY OR TOWN <b>Republic</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>North Walnut St.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>North Walnut St. 0390</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>VICTOR</b> b. (Middle) <b>PEARCE</b> c. (Last) <b>WILLIAMS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 6, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 23, 1909</b>		9. AGE (In years last birthday) <b>43</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Republic, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Benjamin H. Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Serena Pearce</b>		14. NAME OF HUSBAND OR WIFE <b>Edna Pinegar Williams</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-34-0877</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Edna P. Williams</b> ADDRESS <b>Republic, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary tuberculosis</b>						
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) _____				
		DUE TO (c) _____				
		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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **10/30**, 19**53**, to **11/6/53**, 19**53**, that I last saw the deceased alive on **11/5/53**, and that death occurred at **8:15p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. Mitchell M.D.</b>		23b. ADDRESS <b>Box 248 Republic, Mo.</b>		23c. DATE SIGNED <b>11/7/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/9/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Republic, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Max L. Goulet Republic, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>11-12-53</b>		REGISTRAR'S SIGNATURE <b>Edna Williams</b>			

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

NOV 19 1953

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 .....  
Signature of Student Embalmer

Signed *John H. - Mrs. Nobb* .....

Licensed Embalmer No. *4636* .....

P. O. Address *Republic* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.