

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1119

State File No.

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5531 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Bigelow Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Bigelow Township</u>	
c. LENGTH OF STAY (in this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles South of Craig, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles South of Craig, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles South of Craig, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 17, 1954</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>Feb. 24, 1865</u>	9. AGE (In last birthday) <u>88</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>On the farm</u>	11. BIRTHPLACE (State or foreign country) <u>near Fairfax, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harvey Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Culp</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Williams</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harvey Williams - Bigelow, Mo.</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION BY _____		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular Fibrillation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u> DUE TO (c) <u>mild Congestive Failure</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 <u>4341</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from July 15, 1953, to January 17, 1954 that I last saw the deceased alive on Jan 17, 1954, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Isaac J. Sweeney</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Oregon, Missouri</u>	23c. DATE SIGNED <u>1-18-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/19/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Milton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Fairfax Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-22-1954</u>	REGISTRAR'S SIGNATURE <u>James H. Crawford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilber L. Schooley</u>	ADDRESS <u>Craig, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Wilber L. Scholes*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.