

No. 300
10. 48

FILED FEB 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4147

XC-
RN: 5845

State File No.

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PIEDMONT	
c. LENGTH OF STAY (in this place) 13 DAYS		d. STREET ADDRESS (If rural, give location) 419 SOUTH FIRST STREET	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) DANIEL b. (Middle) L. c. (Last) WILLIAMS			4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 5, 1954			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 21, 1892	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIMBERMAN		10b. KIND OF BUSINESS OR INDUSTRY LUMBER		11. BIRTHPLACE (State or foreign country) ZALMA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME BILL WILLIAMS	13b. MOTHER'S MAIDEN NAME DORA WOLFERS	14. NAME OF HUSBAND OR WIFE LILLIE WILLIAMS, WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) YES WWT	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
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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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCT ANTERIO-SEPTAL ANTECEDENT CAUSES ACUTE FATAL. 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.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? NO 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) VA	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 ~~February 23~~ **January 23**, 1954, to **February 5, 1954**, and that death occurred at **2:25a** m., from the causes and on the date stated above.

23a. SIGNATURE Nancy Price (Degree or title) 0	23b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	23c. DATE SIGNED 2-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-7-1954	24c. NAME OF CEMETERY OR CREMATORY Union Hill Cemetery	24d. LOCATION (City, town, or county) (State) ZALMA, MISSOURI
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DATE RECD BY LOCAL REG. 2/16/54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greene Covert Fitch Poplar Bluff, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 15 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____

Joseph R. Matlack

Licensed Embalmer No. _____

4834

P. O. Address _____

Bluffs, 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.