

FILED APR 5 1954

STANDARD CERTIFICATE OF DEATH

State File No. **8123**

BIRTH NO.		REG. DIST. NO. <b>82</b>		PRIMARY REG. DIST. NO. <b>3017</b>		Registrar's No. <b>31</b>	
1. PLACE OF DEATH a. COUNTY <b>Coopers</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boonville</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Fayette</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <b>11 Rockport St. #1</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ALFRED</b>		b. (Middle) <b>WILLIAMS</b>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 26 1954</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <b>? 1879</b>		9. AGE (In years last birthday) <b>74</b>		10. USUAL OCCUPATION (Type kind of work done during most of working life, even if retired) <b>Farmer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Howard Co. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Joe Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Lettie Patton</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Lettie Williams Fayette, Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Prostate Gland</b>				INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>	
		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. <b>Pneumonia</b>				<b>+ 3 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>177X</b>				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) 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 <b>3-22-54</b> , 19__, to <b>3-26-54</b> , 19__, that I last saw the deceased alive on <b>3-26-54</b> , 19__, and that death occurred at <b>10 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>B. M. Stuart, M.D.</b>				23b. ADDRESS <b>329 Main' Boonville Mo</b>		23c. DATE SIGNED <b>3/29/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 30-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fayette</b>		24d. LOCATION (City, town, or county) (State) <b>Fayette Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3/30/54</b>		REGISTRAR'S SIGNATURE <b>D. Hooper 381</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stuart P. Parker</b>		ADDRESS <b>Columbia Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side).

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

FEB 20 1956

APR 15 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, ~~or~~ by....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Stuart D. Parker*

Licensed Embalmer No. 29

P. O. Address *Columbia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.