No. 300
10.46

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

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30459

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Willow Springs
c. LENGTH OF STAY in this place: 1 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Willow Springs
d. STREET ADDRESS (If rural, give location): 308 N. Harris

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3. NAME OF DECEASED (Type or Print)
a. (First): Clyde
b. (Middle): Raymond
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 25, 1887
9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months: 1 Days: 17
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S.Navy
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jacob R. Williams
13b. MOTHER'S MAIDEN NAME: Betty Hardin
14. NAME OF HUSBAND OR WIFE: Faye Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WW1&WW2
16. SOCIAL SECURITY NO.: 497-24-0870
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Faye Williams, Willow Spgs., Mo

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) Pulmonary Emphysema — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive heart Failure — 2 yrs
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: —
4341
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-15, 1954, *to* 9-12-54, 19____, *that I last saw the deceased alive on* 9-12-54, 19____, *and that death occurred at* 2:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul A. Davis M.D. — Dr. Paul A. Davis, M.D.
23b. ADDRESS: Willow Springs, Mo.
23c. DATE SIGNED: 9-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-15-54
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): West Plains, Mo.

DATE REC'D BY LOCAL REG.: 9/18/54
REGISTRAR'S SIGNATURE: Marshalee Ballard
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Burns Funeral Home, Willow Springs, Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 24 19[illegible]

MAR 15 1955

OCT 11 19[illegible]

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 J. C. Burns
J. C. Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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.