

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7185

State File No. _____

FILED APR 14 1955

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Monett</u>)		c. LENGTH OF STAY (In this place) <u>60 Yrs.</u>		c. CITY OR TOWN <u>Monett</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>211 West Main</u>				e. STREET ADDRESS (If rural, give location) <u>211 West Main</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALLACE</u> b. (Middle) <u>ARTHUR</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 4, 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 19, 1888</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) <u>66</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Barry County, Mo.</u>		12. COUNTRY OF WHAT CITIZEN? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Harvey C. Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Doty</u>			14. NAME OF HUSBAND OR WIFE <u>Hazel Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>500-08-3475</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hazel Williams</u> ADDRESS <u>Monett, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
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. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>3-10</u> , 19 <u>55</u> , to <u>4-4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-4</u> , 19 <u>55</u> , and that death occurred at <u>2:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. L. Edwards M.D.</u> (Degree or title)		23b. ADDRESS <u>Monett, Mo.</u>		23c. DATE SIGNED <u>4-5-55</u>		23d. SIGNATURE OF DECEASED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/8/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Monett, Missouri</u>	
DATE RECD BY LOCAL REG. <u>4-4-55</u>		REGISTRAR'S SIGNATURE <u>Mr. P.H. Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Buchanan Monett, Mo.</u> ADDRESS _____			

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 455-238

DATE REC. 4-9-55

APR 24 1955

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 J. R. Buchanan
Licensed Embalmer No. 317

P. O. Address Monett

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.