

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11622

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>380</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>18 years</u>		c. CITY OR TOWN <u>Springfield</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 HOSPITAL OR INSTITUTION <u>2660 W. Chestnut Street</u>				e. STREET ADDRESS (If rural, give location) <u>2660 W. Chestnut Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>JAMES</u>		c. (Last) <u>WIDDERS</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>28</u>		(Year) <u>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>18 March 1885</u>	9. AGE (In years last birthday) <u>69</u>	10. IF UNDER 1 YEAR: Months _____ Days _____	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		12. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>		13. BIRTHPLACE (City and State or Foreign Country) <u>McDonald County, Arkansas</u>		14. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15a. FATHER'S NAME <u>Jejemiah Widders</u>		15b. MOTHER'S MAIDEN NAME <u>Rosalee Henderson</u>		16. NAME OF HUSBAND OR WIFE <u>Iva Widders</u>			
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		18. SOCIAL SECURITY NO. <u>None</u>		19. INFORMANT'S SIGNATURE OR NAME <u>Iva Widders</u> ADDRESS <u>2660 W. Chestnut Street, Springfield, Missouri.</u>			
20. 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>Illness and generalized Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spontaneous perforation of sigmoid colon,</u> DUE TO (c) <u>Primary Carcinoma of sigmoid</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
21a. DATE OF OPERATION		21b. MAJOR FINDINGS OF OPERATION		21c. AUTOPSY? <u>153 X</u>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
22a. ACCIDENT SUICIDE HOMICIDE (Specify)		22b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		22c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
23a. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		23b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23c. HOW DID INJURY OCCUR?			
24. I hereby certify that I attended the deceased from <u>4-14</u> , 19 <u>55</u> to <u>4-28</u> , 19 <u>55</u> that I last saw the deceased alive on <u>4-26</u> , 19 <u>55</u> , and that death occurred at " <u>8:30</u> " pm., from the causes and on the date stated above.							
25a. SIGNATURE <u>L. L. Williams, M.D.</u> (Degree or title)		25b. ADDRESS <u>Springfield, Mo.</u>		25c. DATE SIGNED <u>4-28-55</u>			
26a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		26b. DATE <u>28 April 1955</u>		26c. NAME OF CEMETERY OR CREMATORY <u>Reddick Cemetery</u>		26d. LOCATION (City, town, or county) (State) <u>Garfield, Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>4-29-55</u>		REGISTRAR'S SIGNATURE <u>Paula Williamson</u>		27. FUNERAL DIRECTOR'S SIGNATURE <u>Fred C. Thorne</u> ADDRESS <u>Springfield, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.. 3681.....
Springfield,
P. O. Address Missouri.....

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.