

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14589**

BIRTH NO. _____		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 4025		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN Wheaton		c. LENGTH OF STAY (In this place) 2 mths.		c. CITY OR TOWN Wheaton		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) 0550			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Madison c. (Last) Williams.			4. DATE OF DEATH (Month) (Day) (Year) May 25-1955				
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec-18-1880	
9. AGE (In years last birthday) 74		10. MONTHS 9		11. DAYS 7		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired merchant				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Missouri-U.S.A.	
13a. FATHER'S NAME Don't Know			13b. MOTHER'S MAIDEN NAME Don't Know		14. NAME OF HUSBAND OR WIFE Ruth-Williams.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-20-4388		17. INFORMANT'S SIGNATURE OR NAME Ruth Williams, wheaton Mo			
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anoxia					INTERVAL BETWEEN ONSET AND DEATH 5 min.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic occlusion					10 min.
		DUE TO (c) Coronary thrombosis					7 days.
		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 4201				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) _____		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 10/15/54 , 19 54 , to 5/25 , 19 55 , that I last saw the deceased alive on 5/25 , 19 55 , and that death occurred at 11:40 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Fred R. Clark D.O.				23b. ADDRESS Wheaton, Missouri		23c. DATE SIGNED 5/27/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May-29-55		24c. NAME OF CEMETERY OR CREMATORY Caruthersville Cemetery		24d. LOCATION (City, town, or county) (State) Caruthersville Mo.	
DATE REC'D BY LOCAL REG. 6-2-55		REGISTRAR'S SIGNATURE Mary Mc Donald		25. FUNERAL DIRECTOR'S SIGNATURE McQueen Funeral Home, wheaton Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 653-257

DATE REC. 6-4-55

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed Paul D. Hembest

Licensed Embalmer No. 45

P. O. Address Cassville

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