

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21025

State File No.

FILED AUG 9 - 1955

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton 0061	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar	c. LENGTH OF STAY (in this place) 3 weeks	c. CITY OR TOWN Lamar	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 Barton County Memorial Hosp.		f. STREET ADDRESS (If rural, give location) 1601 Gulf St.	

3. NAME OF DECEASED (Type or Print) a. (First) LULA	b. (Middle) G.	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) August 2, 1955
--	--------------------------	------------------------------	--

5. SEX F.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 18, 1882	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
---------------------	----------------------------------	--	--	--	---------------------------	--------------------------	--------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Humansville, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	--	--	---

13a. FATHER'S NAME T. E. Coffin	13b. MOTHER'S MAIDEN NAME Betty Deavers	14. NAME OF HUSBAND OR WIFE Charles 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. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Fred Coffin,	ADDRESS Lamar, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous cell Carcinoma of Skin of left thigh		Jan. 4, 1955
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Enlarged metastases to glands & skin of left breast.		May 3, '55
	DUE TO (c) 191X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Jan 4, 1955	19b. MAJOR FINDINGS OF OPERATION Squamous cell Carcinoma of Skin, left thigh	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) (Min.)	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 **Jan 4, 1955**, to **Aug 2, 1955**, that I last saw the deceased alive on **Aug 2, 1955**, and that death occurred at **2:54 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dean T. Bikel M.D.	(Degree or title)	23b. ADDRESS Lamar, Missouri	23c. DATE SIGNED Aug 2, 1955
---	-------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 4, 1955	24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	24d. LOCATION (City, town, or county) (State) Lamar, Missouri
--	------------------------------------	--	---

DATE REC'D BY LOCAL REG. AUG 4 - 1955	REGISTRAR'S SIGNATURE Marie Kenan	25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home,	ADDRESS Lamar, Mo.
---	---	---	------------------------------

(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 *Clarence H. Child*.....

Licensed Embalmer No. *34*.....

P. O. Address *Sanat*..... *Mh*

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.