

51407-55
 STANDARD CERTIFICATE OF DEATH

30211
 State File No. _____
 Registrar's No. 73

0670

FILED SEP 19 1955

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5785

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miss.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston (rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston (Rural)	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) Route 1, Box 42	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1, Box 42			
3. NAME OF DECEASED (Type or Print) a. (First) Ronald b. (Middle) James c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) Aug. 19, 1955
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 13, 1955
9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Charleston, Missouri	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis Williams		13b. MOTHER'S MAIDEN NAME Clora Miles	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Clora Williams, R.1, Charleston, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute acidosis caused from starvation diarrhea.			INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 764.0	
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 Aug. 18, 1955 to Aug. 19, 1955 that I last saw the deceased alive on Aug. 19, 1955 , and that death occurred at 2:57A m., from the causes and on the date stated above.			
23a. SIGNATURE D. P. Taylor		23b. ADDRESS Wyatt, Missouri	
23c. DATE SIGNED Aug. 20-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 19, 1955	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Missouri	
DATE REC'D BY LOCAL REG. 8-20-55		REGISTRAR'S SIGNATURE John Heames	
431		25. FUNERAL DIRECTOR'S SIGNATURE J. J. Sparks	
ADDRESS Charleston, Mo.			

SEP 15 REC'D

RECEIVED

Miss. Co. Health Dept

County File No.

Date Filed SEP 16 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 _____

Body Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Frank Sparks*

Licensed Embalmer No. *3455*

P. O. Address *Lepe, Sweden*

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.