

FILED NOV 9 1955

STANDARD CERTIFICATE OF DEATH

State File No. **34084**

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

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>		d. STREET ADDRESS (If rural, give location) <u>512 S. Locust</u> <u>0672</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>512 S. Locust St.</u>		3. NAME OF DECEASED a. (First) <u>Willie</u> b. (Middle) <u>Milton</u> c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1955</u>			
5. SEX <u>Male</u> <u>2</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 7, 1908</u>	9. AGE (In years last birthday) <u>47</u>	10. MONTHS <u>9</u>	11. DAYS <u>15</u>	12. HOURS <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garage Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Mechanic</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Charleston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charlie Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Wilkins</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-18-6994</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertha Williams, 512 S. Locust, Charleston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive Arteriosclerotic Heart Dis</u> DUE TO (c) <u>4200</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 Months</u> <u>not known</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. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 27, 1955</u> , to <u>Nov 1, 1955</u> , that I last saw the deceased alive on <u>1 Nov, 1955</u> , and that death occurred at <u>11:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John D. Sparks M.D.</u>				23b. ADDRESS <u>Charleston Mo</u>		23c. DATE SIGNED <u>4 Nov 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 6, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemstery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri.</u>		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u> Clyde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u> F. D. Sparks</u> ADDRESS <u>Charleston, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

1951 1st MS

4073

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
Student Embalmer

Signed Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Guardiano

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.