

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1103**  
**36**

FILED JAN 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2007** Registrar's No. \_\_\_\_\_

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|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>GREENE</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b> |  | c. CITY OR TOWN <b>SPRINGFIELD</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place)   |  | e. STREET ADDRESS (If rural, give location) <b>905 N CAMPBELL</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>905 N CAMPBELL</b>                                   |  | <b>03940</b>   |   |

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|--|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>A</b> b. (Middle) <b>B</b> c. (Last) <b>WILLIAMS</b>          |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 9, 1956</b> |   |  |
| 5. SEX <b>MALE</b>   |  | 6. COLOR OR RACE <b>WHITE</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>     |  |
| 8. DATE OF BIRTH <b>20 JAN 1884</b>  |  | 9. AGE (In years last birthday) <b>71</b>  |  | 10. IF UNDER 1 YEAR Days _____ 11. IF UNDER 2 HRS. Hours _____ Min. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET POST MASTER</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>GOVERNMENT</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>        |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  | 13a. FATHER'S NAME <b>ANDREWS WILLIAMS</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Nannie</b>                                   |  |
| 14. NAME OF HUSBAND OR WIFE <b>MINNIE WILLIAMS</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> |  | 16. SOCIAL SECURITY NO. _____   |  |
| 17. INFORMANT'S SIGNATURE OR NAME <b>MINNIE WILLIAMS</b>   |  | 17. ADDRESS <b>SPRINGFIELD, MISSOURI</b>   |  | 18. CAUSE OF DEATH  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>INFARCTION OF MYO CARDIUM DUE TO ANTERIOSCLEROTIC CORONARY THROMBOSIS</b><br>DUE TO (b) <b>4201</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS <b>CEREBRAL ANTERIOSCLEROSIS WITH RIGHT HEMIPARESIS</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>FEW MINUTES. (FOUND DEAD)</b><br><b>SEVERAL HOURS.</b> |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>              |  |
| 21a. ACCIDENT (Specify) <b>SUICIDE</b>  |  | 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 (Month) (Day) (Year) (Hour) OF INJURY   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? <b>(1/9/56) DOT.</b>   |  |

22. I hereby certify that I attended the deceased from **11/14/47**, 19\_\_\_\_, to **1/9/56**, 19\_\_\_\_, that I last saw the deceased alive on **12/29/55**, 19\_\_\_\_, and that death occurred at **3:00pm.**, from the causes and on the date stated above.

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|--|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title) <b>John O. T. Williams, M.D.</b>          |  | 23b. ADDRESS <b>Springfield, Mo.</b>                |  | 23c. DATE SIGNED <b>1/9/56</b>                               |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal - Burial 1-10-56</b>  |  | 24b. DATE   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Campbell, Missouri</b> |  |
| 24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b> |  | 24e. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. Kluge</b> |  | 24f. ADDRESS <b>SPRINGFIELD, MISSOURI</b>                    |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <b>1-10-56</b> |  | REGISTRAR'S SIGNATURE <b>John O. T. Williams</b> |  | FUNERAL DIRECTOR'S SIGNATURE <b>J.W. Kluge</b> |  |
| REGISTRAR'S ADDRESS                     |  | FUNERAL DIRECTOR'S ADDRESS                       |  | ADDRESS <b>SPRINGFIELD, MISSOURI</b>           |  |

(Licensed Embalmer's Statement on Reverse Side) **JKR**

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

JAN 16 1951

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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 *Glen D. Williams*

Licensed Embalmer No. *4651*

P. O. Address *Springfield*

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.