

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED MAR 14 1956

State File No. **3706**

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Atchison b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax, Mo. c. LENGTH OF STAY (in this place) 10 days d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt c. CITY OR TOWN Oregon d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 0.940 / 1	
3. NAME OF DECEASED a. (First) Wilber b. (Middle) Francis c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) March 5 1956
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 3, 1900
9. AGE (In years last birthday) 55	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and State or Foreign Country) Near Barnard Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Millard Francis Williams	
13b. MOTHER'S MAIDEN NAME Sudie Justine Key		14. NAME OF HUSBAND OR WIFE Nellie Justine Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 496-24-1479	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wilber F. Williams Oregon, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Terminal Thrombia INTERVAL BETWEEN ONSET AND DEATH 4 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Renal Disease unknown DUE TO (c) Terminal Hemorrhagic Unknown	
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 _____		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 Feb 1, 1956, to Mar 5, 1956, that I last saw the deceased alive on Mar 5, 1956, and that death occurred at 1:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) James J. Luciano M.D.	23b. ADDRESS Oregon, Mo	23c. DATE SIGNED 3-7-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 8, 1956	24c. NAME OF CEMETERY OR CREMATORY Wilcox	24d. LOCATION (City, town, or county) (State) Wilcox, Missouri
DATE REC'D BY LOCAL REG. Mar 13 1956	REGISTRAR'S SIGNATURE Therese A. Schuler	443-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James J. Pettigrew Oregon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

JUN 10 1957

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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 *James H. Pittenger*
Licensed Embalmer No. *319*
P. O. Address *Oregon*

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.