

FILED MAR 8 1956

## STANDARD CERTIFICATE OF DEATH

State File No. ....

3765

BIRTH NO. .... REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Butler</u>		c. LENGTH OF STAY (In this place) <u>11 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Archie</u>		d. STREET ADDRESS (If rural, give location) <u>0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March 3rd. 1956</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Williams</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 4th. 1875</u>		9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>29</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Wright County, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Peter Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen M. Ironside</u>		14. NAME OF HUSBAND OR WIFE <u>Magnola Williams Deceased</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Paul Easterla Archie, 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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>3 yrs</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. HOW DID INJURY OCCUR?	
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 <u>Feb. 21, 1956</u> , to <u>Mar. 2, 1956</u> , that I last saw the deceased alive on <u>Mar. 2, 1956</u> , and that death occurred at <u>6:00 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. E. Robinson M.D.</u> (Degree or title)				23b. ADDRESS <u>Archie, Mo.</u>		23c. DATE SIGNED <u>3-5-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 5th.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Drexel, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 5-56</u>		REGISTRAR'S SIGNATURE <u>Randall Kerey</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson Brothers</u>		ADDRESS <u>Archie, Mo</u>	

(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 .....  
Student Embalmer

Signed

*Robert W. O'Leary*

Licensed Embalmer No. *4902*

P. O. Address

*Hammouche, mc.*

**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.