

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4060

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5183 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Byrd, Twp. 2</u>			c. LENGTH OF STAY (in this place) <u>?</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Byrd 2/60</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>T. G. D.</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Jackson, Mo. R.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u>			b. (Middle) <u>L.</u>		c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 13 - 56</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-29-88</u>		9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>14</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>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Marie Helms</u>			14. NAME OF HUSBAND OR WIFE <u>Eva Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>489-14-8351</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eva Williams</u>		ADDRESS <u>Jackson, Mo. R.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial asthma</u>  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. <u>Pulmonary emphysema</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u>  <u>15 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>241X</u>						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 <u>Feb 13, 1956</u> to <u>Feb 13, 1956</u> , that I last saw the deceased alive on <u>Feb 13, 1956</u> , and that death occurred at <u>3</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. N. Jaeger MD</u> (Degree or title)				23b. ADDRESS <u>Jackson, Mo</u>				23c. DATE SIGNED <u>2-14-56</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-17-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Gir. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-16-56</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		44-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>McCombs Funeral Home Jackson, Mo</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

FEB 21 1956

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

*Thos. K. Allen*

Licensed Embalmer No. 4055

P. O. Address Jackson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.