

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

5738

State File No.

FILED MAR 10 1956

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 20

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>NEWTON</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>NEWTON</u>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEOSHO TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>NEOSHO R#1</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Jackie</u>	b. (Middle) <u>Dale</u>	c. (Last) <u>WILLIAMS</u>	<u>MAR. 4. 1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>MAR. 4. 1956</u>	9. AGE (In years last birthday)	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>NEOSHO MISSOURI</u>	

13a. FATHER'S NAME <u>ROY E. WILLIAMS</u>	13b. MOTHER'S MAIDEN NAME <u>HATHAWAY RICH</u>	14. NAME OF HUSBAND OR WIFE
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 <u>ROY E. WILLIAMS</u>
		ADDRESS <u>NEOSHO MO. R1</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Incompatibility with life</u>		
DUE TO (c)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>776x</u>

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 19, to 3-4, 1956, that I last saw the deceased alive on 19, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Osley Thompson Jr</u>	23b. ADDRESS <u>Neosho, Mo.</u>	23c. DATE SIGNED <u>3-6-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-6-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BURKHART</u>
DATE REC'D BY LOCAL REG. <u>3-6-56</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	24d. LOCATION (City, town, or county) (State) <u>Newton County Missouri</u>
	25. FUNERAL DIRECTOR'S SIGNATURE <u>Osley Thompson Jr</u>	ADDRESS <u>Neosho Mo.</u>

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

NEWTON COUNTY HEALTH UNIT

RECEIVED

District Health Officer No. _____

District Health Officer _____

Date Filed MAR 8 1956

NEOSHO, MISSOURI

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 Yes Y. Whitaker

Licensed Embalmer No. 4780

P. O. Address Neosho, Mo

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.