

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8492**

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) SMITHVILLE		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN SMITHVILLE, MO. R.F.D.
d. FULL NAME OF HOSPITAL OR INSTITUTION SMITHVILLE COMMUNITY HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS RURAL PLATE TOWNSHIP 2 MILES N.E. SMITHVILLE		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) ELDON	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) MARCH 25, 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH SEPT. 24, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 6 Days 1	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTOMOBILE DEALER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) BUCHANAN COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W. L. WILLIAMS	13b. MOTHER'S MAIDEN NAME SARAH FRANCES BUCHANAN	14. NAME OF HUSBAND OR WIFE JESSIE WILLIAMS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MRS. W.C. RICE, SMITHVILLE, MO.	ADDRESS R.F.D.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		
	DUE TO (c)		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Mar 24, 1956, to Mar 25, 1956, that I last saw the deceased alive on Mar 25, 1956, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE David R. Chiles M.D. (Degree or title)	23b. ADDRESS Smithville, Mo.	23c. DATE SIGNED 3/25/56
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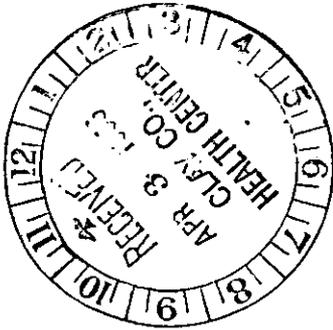
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-28-1956	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY	24d. LOCATION (City, town, or county) (State) SMITHVILLE, MO.
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DATE REC'D BY LOCAL REG. 3-27-56	REGISTRAR'S SIGNATURE Marquette Hudgens	25. FUNERAL DIRECTOR'S SIGNATURE MCCOMAS FUNERAL HOME, SMITHVILLE, MO.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Donald W. Harker*

Licensed Embalmer No. *4520*

P. O. Address *Smithville,*

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.