

FILED JUL 16 1956

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20252
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 628

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Springfield		c. CITY OR TOWN Springfield <i>03460</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS 900 S Fremont	
Length of stay in 1b 40 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) CARL H. WILLIAMSON			4. DATE OF DEATH July 8 1956		
5. SEX Male			6. COLOR OR RACE White		
7. MARRIAGE STATUS <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH Aug 28, 1882		
9. AGE (In years last birthday) 73			IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor Cablemen		10b. KIND OF BUSINESS OR INDUSTRY Frisco Railway		11. BIRTHPLACE (City and state or country) St Joseph, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Unknown		
14. MOTHER'S MAIDEN NAME Unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		
16. SOCIAL SECURITY NO. Unknown			17. INFORMANT Address Mrs Mary Williamson Springfield, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of colon with metastases		INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 1.53X		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 3-10-50 to 7-8-56 and last saw her/him alive on 7-8-56 Death occurred at 5:20 P M m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Florence Marshall (Degree or title) M.D.		22b. ADDRESS 609 Cherry - Springfield, Mo.		22c. DATE SIGNED 7-9-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 10, 1956		23c. NAME OF CEMETERY OR CREMATORY Maple Park	
23d. LOCATION (City, town, or county) Springfield, Mo.		23e. (State)			
24. FUNERAL DIRECTOR ADDRESS Jewell C. Winick, Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 7-11-56		26. REGISTRAR'S SIGNATURE Earl Williamson	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

VS JUL 17 1958

VS AUG 16 1960

VS ADD + 4 1967
AUG 10 1958
VS NOV 30 1965

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..... *Murray Wilson*

Licensed Embalmer No. 49

P. O. Address *Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.