

FILED SEP 11 1956

STANDARD CERTIFICATE OF DEATH

State File No. 26219

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. LENGTH OF STAY (in this place) 4 Months	c. CITY OR TOWN Fulton
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hosp.		e. STREET ADDRESS (If rural, give location) 704 Market	

3. NAME OF DECEASED (Type or Print) John Brent Williams		4. DATE OF DEATH (Month) (Day) (Year) Sept. 3 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 25, 1876
9. AGE (In years last birthday) 80		10. MONTHS 0	11. DAYS 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newspaper		10b. KIND OF BUSINESS OR INDUSTRY Advertising	11. BIRTHPLACE (City and State or Foreign Country) UxSxA, Fulton Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Wallace Williams	13b. MOTHER'S MAIDEN NAME Laura Brandon	14. NAME OF HUSBAND OR WIFE Jewell Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) D.K.	16. SOCIAL SECURITY NO. 489-01-1305	17. INFORMANT'S SIGNATURE OR NAME John B. Williams
		ADDRESS Fulton Mo.

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		INTERVAL BETWEEN ONSET AND DEATH 5/8/56
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>ac. coronary thrombosis with myocardial infarct.</i>		yours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerosis</i> 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"/>
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) 4201
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 5/8, 1956, to 9/3, 1956, that I last saw the deceased alive on 9/3, 1956, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Henry D. ...</i>	(Degree or title)	23b. ADDRESS Fulton, Mo.	23c. DATE SIGNED 9/5/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 5, 1956	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) Fulton Mo.

DATE REC'D BY LOCAL REG. Sept 8, 1956	REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Madison Funeral Home</i>	ADDRESS Fulton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

426

SEP 24 1958

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 *J. J. Rossor*.....  
Licensed Embalmer No. *2655*

P. O. Address *Millport Pa*.....

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.