S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 2 1956

State File No. 29769

BIRTH NO. 67794-56 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 103

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Vicent Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: Barry
c. CITY OR TOWN: Shell Knob
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): RFD. (Mineral Twp.)

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Ellis
c. (Last): Williamson

4. DATE OF DEATH (Month) (Day) (Year): 9-24-56

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: 9-23-56
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 6 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Monett, MO.
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: Walter F. Williamson
13b. MOTHER'S MAIDEN NAME: Darlene Gibson
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atelectasis — INTERVAL BETWEEN ONSET AND DEATH: about 5 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity

DUE TO (c) Abletio placenta in the mother — 4 days

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: 7625
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-23, 1956, *to* 9-24, 1956, *that I last saw the deceased alive on* 9-24, 1956, *and that death occurred at* 4:20 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Mary Newman, (Degree or title) M.D.
23b. ADDRESS: Cassville, Mo.
23c. DATE SIGNED: 9-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-25-56
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Barry Co. Mo

DATE REC'D BY LOCAL REG.: 9-27-56
REGISTRAR'S SIGNATURE: Mrs P.M. Cook
25. FUNERAL DIRECTOR'S SIGNATURE: Davis-Wilkerson
ADDRESS: Cassville

(Licensed Embalmer's Statement on Reverse Side)

5130

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1056 - 165

DATE REC. 10-1-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Doyle E. Williamson.....

Licensed Embalmer No. 3994

P. O. Address Cassville, Mo

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