

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31290

State File No. _____

FILED SEP 24 1956

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No. 72

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| 1. PLACE OF DEATH a. COUNTY <u>Lewis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Canton</u> | | c. LENGTH OF STAY (in this place) <u>18 yrs.</u> | c. CITY OR TOWN <u>Canton</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>320 Lewis St.</u> | | e. STREET ADDRESS (If rural, give location) <u>306 S. 3rd</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Harry</u> | b. (Middle) <u>Richard</u> | c. (Last) <u>Williams</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18, 1956</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Black</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>June 18, 1906</u> | 9. AGE (In years last birthday) <u>50</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad workman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>C.B.Q. Burlington line</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Marion County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Jerry Williams</u> | 13b. MOTHER'S MAIDEN NAME <u>Mamie Sharp</u> | 14. NAME OF HUSBAND OR WIFE <u>Goldie Woodson</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>486-28-9968</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Goldie Williams, Canton, Mo.</u> |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 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) <u>4201</u> |
| 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 Feb, 1956, to Sept, 1956, that I last saw the deceased alive on 16 Sept, 19 56, and that death occurred at 10:30am., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Wyneth Hamlin M.D.</u> | 23b. ADDRESS <u>Palm Springs, Mo.</u> | 23c. DATE SIGNED <u>9/20/56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Sept. 22, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove Ceme.</u> | 24d. LOCATION (City, town, or county) (State) <u>Canton, Lewis Co. Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>9-22-56</u> | REGISTRAR'S SIGNATURE <u>P.W. Jennings, M.D.</u> | FUNERAL DIRECTOR'S SIGNATURE <u>H. Embrey</u> | ADDRESS <u>Canton, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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OCT 15 1956
OCT 27 1956

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 *Emil H. Embley*.....

Licensed Embalmer No. *26.12*.....

P. O. Address *Canton, Mass.*.....

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.