Health, Welfare Public Service

300 1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37557
STATE FILE NUMBER

FILED NOV 19 1956

Registration District No. 104 Primary Registration District No. 5420 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Holcomb TWP — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Length of stay in Ib: 30 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dunklin
c. CITY OR TOWN: WHITE Oak* (R) 035 — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): 3 Mi N. W — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Walter Middle: C. Last: Williams

4. DATE OF DEATH: Month Day Year: IO- 8-1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Dec.-2 1902
9. AGE (In years last birthday): 54 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Work Agriculture
11. BIRTHPLACE (City and state or country): Zelma, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Williams C. Williams
14. MOTHER'S MAIDEN NAME: Martha J. Cate

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 500-16-II49
17. INFORMANT: Mrs. Roy Nail- Bragg City, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary arteriosclerosis — ?
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 4, 1956 to Oct 8, 1956 and last saw him alive on Oct 8, 1956
Death occurred at 11:58 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chester R. Peck M.D.
22b. ADDRESS: Kennett, Mo
22c. DATE SIGNED: 10-11-56.

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: IO-IO- 56
23c. NAME OF CEMETERY OR CREMATORY: Oak Ridgr
23d. LOCATION (City, town, or county) (State): Kennett Mo.

24. FUNERAL DIRECTOR ADDRESS: Paul Salmon- Kennett, Mo.
25. DATE RECD. BY LOCAL REG.
26. REGISTRAR'S SIGNATURE: J A Anderson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

89-0

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-14-56

COUNTY FILE NUMBER 1156-4

JAN 26 1960

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed S.P. Salmon

Licensed Embalmer No. 25 S

P. O. Address Kenn

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