

FILED DEC 7 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10293**

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **2074** Registrar's No. **183**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give town) Sikeston		c. CITY OR TOWN Sikeston	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 Hours		e. STREET ADDRESS (If rural, give location) Route #4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Louis	b. (Middle) —	c. (Last) Williams	4. DATE OF DEATH (Month) 11 (Day) 23 (Year) 1956
5. SEX Male	6. COLOR (or RACE) Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-20-1892
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Desarch, Arkansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Clarence Williams	13b. MOTHER'S MAIDEN NAME Lula Williams Thomas	14. NAME OF HUSBAND OR WIFE Eliza Rowland Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I.	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maggie Everett, Sikeston, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) Sikeston, Mo. (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____	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 **11-22, 1956**, to **11-23, 1956**, that I last saw the deceased alive on **11-23, 1956**, and that death occurred at **5:35 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE E. O. Haberman M.D.	23b. ADDRESS Sikeston, Mo.	23c. DATE SIGNED 11/26/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 26, 1956	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Dexter, Missouri
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DATE REC'D BY LOCAL REG. 11-28-56	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. F. J. Sparks	ADDRESS Charleston, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DATE RECEIVED DEC 3 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1256-251

1956
7 1956

1957
8 NOV

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 Frank S. Marshall

Licensed Embalmer No. 4601

P. O. Address St. Keaton

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.