

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **42208**

FILED DEC 18 1956

Registration District No. **218** Primary Registration District No. **4330** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY Mississippi			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Unknown		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN East Prairie		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Near Rector, Arkansas Ark		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East Prairie, Mo.		Length of stay in lb 5 Weeks	d. STREET ADDRESS 9 Mi. W. Rector, Ark.		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle E. Last Williams			4. DATE OF DEATH Month December Day 8 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 15, 1890	9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Henderson Co. Tenn.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Frank Williams			14. MOTHER'S MAIDEN NAME Caldonie Wilson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Mrs. Maude Hale, East Prairie, Mo.		
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 (Acute) DUE TO (b) Arterio Sclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour 4:20 Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Dec. 21, 1956 to Dec. 8, 1956 and last saw her/him alive on Dec 8, 1956 Death occurred at 11 A. m on the date stated above; and to the best of my knowledge, from the causes stated:					
22a. SIGNATURE (Degree or title) Travis Shelby Jr. M.D.		22b. ADDRESS East Prairie Mo.		22c. DATE SIGNED 12-10-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-10-56	23c. NAME OF CEMETERY OR CREMATORY Rock Springs Cemetery		23d. LOCATION (City, town, or county) (State) Near Rector, Ark.
24. FUNERAL DIRECTOR ADDRESS Travis Shelby Jr., East Prairie, Mo.		25. DATE RECD. BY LOCAL REG. 12-10-56		26. REGISTRAR'S SIGNATURE Gertrude L. Harper	

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-56
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be noted.

RECEIVED
Miss. Co. Health
County File No. _____
Date Filed 12-13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *T. Travis Shelby Jr.*

Licensed Embalmer No. *49*

P. O. Address *East Bl*

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