

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44466

FILED DEC 31 1956

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3076 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>	c. LENGTH OF STAY (in this place) <u>2 yrs.</u>	c. CITY OR TOWN <u>CHAFFEE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTH FRISCO</u>		e. STREET ADDRESS (If rural, give location) <u>NORTH FRISCO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>DURLAND</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 7-1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, <sup>2</sup> WIDOWED, DIVORCED <u>W.</u>	8. DATE OF BIRTH <u>APRIL 12-1891</u>		9. AGE (In years last birthday) <u>65</u> <sup>7</sup> Months <u>7</u> <sup>25</sup> Days <u>25</u> <sup>25</sup> Hours <u>25</u> <sup>25</sup> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STORE HELPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CAMPBELL MO</u>	
12. CITIZEN OF WHAT COUNTRY? _____					

13a. FATHER'S NAME <u>HENRY WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE MAY BIEDLER</u>		14. NAME OF HUSBAND OR WIFE <u>DOROTHY WILLIAMS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>702-03-5196</u>		17. INFORMANT'S SIGNATURE OR NAME <u>F.H. ALFULTIS SR.</u> ADDRESS <u>CHAFFEE MO</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis - History of previous attack.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>3 min</u>
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) (COUNTY) (STATE) <u>4201</u>	
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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Helma C. Buehler, M.D. Health Officer</u>		23b. ADDRESS <u>Benton Mo</u>		23c. DATE SIGNED <u>12-14-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>12-10-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILLS MEMORIAL - ORAN MO.</u>	
24d. LOCATION (City, town, or county) (State) _____					

DATE REC'D BY LOCAL REG. <u>12-18-56</u>		REGISTRAR'S SIGNATURE <u>Thos Paul Buehler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STUBBS' FUNERAL HOME - CHAFFEE</u> ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DATE RECEIVED **DEC 24 1956**

SCOTT CO. HEALTH DEPT.

CO. FILE No. **1256-265**

1957

**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 Eugene L. Stubbs....., Student Embalmer No. 528 working under my personal supervision.

Student Eugene L. Stubbs  
Signature of Student Embalmer

Signed C. J. Long  
Licensed Embalmer No. 3810  
P. O. Address Cape Girardeau

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.