FILED DEC 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44616
STATE FILE NUMBER

Registration District No. 279 Primary Registration District No. 4287 Registrar's No. 188

1. PLACE OF DEATH
a. COUNTY Wright
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1 Mansfield Life — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Wright
c. CITY OR TOWN Mansfield — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Rt. 1 (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Ruben Middle Perry Last Williams
4. DATE OF DEATH: Month Dec Day 2 Year 1956
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept. 14, 1882
9. AGE (In years last birthday) 74 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Wright County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Francis W. Williams
14. MOTHER'S MAIDEN NAME Mary Elizabeth Hampshire
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Alice Krider — Address Mansfield Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c)]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Probably Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Natural Causes.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 viewed the deceased from Dec 4, 1956 to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Krider (Degree or title) Coroner
22b. ADDRESS Mtn Grove, Mo
22c. DATE SIGNED 12-4-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-7-56
23c. NAME OF CEMETERY OR CREMATORY Mansfield
23d. LOCATION (City, town, or county) Mansfield (State) MO.

24. FUNERAL DIRECTOR Max S. Miller — ADDRESS Marshfield Mo.
25. DATE RECD. BY LOCAL REG. 12/8/56
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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RECEIVED 12-12-52
WRIGHT CO. HEALTH DEPT.
County File Number 1256-116
Date Filed 12-12-1952

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 47

P. O. Address Monticel

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.