

FILED JAN 21 1957

STANDARD CERTIFICATE OF DEATH

State File No. 2083

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>RURAL-JACKSON TWP</b> c. LENGTH OF STAY (in this place) <b>1 HOUR</b>		c. CITY OR TOWN <b>PARIS</b>	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 <b>RFD # 2, PARIS</b>		e. STREET ADDRESS (If rural, give location) <b>FAIRVIEW HEIGHTS</b>	

3. NAME OF DECEASED (Type or Print)	(First) <b>ROBERT GLEN</b>	(Middle) <b>WILLIAMSON</b>	(Last) <b>WILLIAMSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 13, 1957</b>
-------------------------------------	----------------------------	----------------------------	--------------------------	--

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG. 15, 1908</b>	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
--------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <b>FOREMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FIRE BRICK MFG. PLANT</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MONROE Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	--	---	--

13a. FATHER'S NAME <b>H. CLAUDE WILLIAMSON</b>	13b. MOTHER'S MAIDEN NAME <b>BESSIE THOMPSON</b>	14. NAME OF HUSBAND OR WIFE <b>MINNIE L. WILLIAMSON</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>486-16-2538</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. ROBT. G. WILLIAMSON, PARIS MO.</b>	ADDRESS <b>PARIS MO.</b>
--	--	--	--------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Few minutes</b>
	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 <b>4201</b>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **1-13-1957**, to **1-13-1957**, that I last saw the deceased alive on **1-12-1957**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. G. Barnett M.D.</b>	23b. ADDRESS <b>PARIS MO</b>	23c. DATE SIGNED <b>1-14-57</b>
--	------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-15-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE</b>	24d. LOCATION (City, town, or county) (State) <b>PARIS MO.</b>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <b>1-14-57</b>	REGISTRAR'S SIGNATURE <b>J. G. Barnett, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Speed &amp; Blakey,</b>	ADDRESS <b>PARIS, MISSOURI</b>
---	--	---	--------------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

435

JAN 23 1959 SA

NOV 21 1967

FEB 13 1959

SEP 17 1958

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..... *EMDg new*

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.