

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2134**

BIRTH NO. _____		REG. DIST. NO. 248		PRIMARY REG. DIST. NO. 5841		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Buffalo		c. LENGTH OF STAY (In this place) 36 yrs		c. CITY OR TOWN rt 1, Seneca		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 2,0			
d. FULL NAME OF HOSPITAL OR INSTITUTION 9 miles SE of Seneca				e. STREET ADDRESS (If rural, give location) 9 miles SE of Seneca				0 12 5	
3. NAME OF DECEASED (Type or Print) a. (First) Loren			b. (Middle) B.			c. (Last) Williams			
4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1957			5. SEX male			6. COLOR OR RACE wht.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) mar.	
8. DATE OF BIRTH March 26, 1883			9. AGE (In years last birthday) 73		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 -----			11. BIRTHPLACE (City and State or Foreign Country) Jasper County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Lebo Williams			13b. MOTHER'S MAIDEN NAME Matilda Fullerton			14. NAME OF HUSBAND OR WIFE Stella			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Stella Williams			ADDRESS rt 1, Seneca	
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) Congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatoid arthritis DUE TO (c) Paralysis agitans II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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)		7220			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Five or six years , 19____, that I last saw the deceased alive on Oct. 2, 1956 and that death occurred at 1:30a.m. , from the causes and on the date stated above.									
23a. SIGNATURE C. E. Maness M.D.			23b. ADDRESS Neosho, Mo.			23c. DATE SIGNED Jan. 30 '57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-30-57		24c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery		24d. LOCATION (City, town, or county) (State) Seneca, Missouri			
DATE REC'D BY LOCAL REG. 2-1-57		REGISTRAR'S SIGNATURE Mrs. Irene Russell			25. FUNERAL DIRECTOR'S SIGNATURE W. E. Russell ADDRESS Seneca Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton

District File Number 157-28

Date Filed FEB 4, 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 Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W E Bell.....

Licensed Embalmer No. 217

P. O. Address Seneca.....

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.