

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2515

STATE FILE NUMBER

79252-56

FILED JAN 22 1957

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL ST. FRANCOIS</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>DESLOGE, MISSOURI</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MINERAL AREA OSTEOPATHIC HOSP</b> Length of stay in 1b		d. STREET ADDRESS <b>305 S. MAIN ST.</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>WAYNE</b> Last <b>WILLIAMS</b>			4. DATE OF DEATH Month <b>JAN.</b> Day <b>9</b> Year <b>1957</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 4, 1956</b>	9. AGE (In years last birthday) <b>1</b> Months <b>5</b> Days	IF UNDER 1 YEAR IF UNDER 24 HRS. Hours <b>5</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>FARMINGTON, MO.</b>		
13. FATHER'S NAME <b>MONTIE LEO WILLIAMS</b>			14. MOTHER'S MAIDEN NAME <b>ORLENE ELIZABETH WILHITE</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>NONE</b>		17. INFORMANT <b>MONTIE WILLIAMS</b> Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BILATERAL LOBAR PNEUMONIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>—</b> DUE TO (c) <b>—</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

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 <b>2:15</b> a. m. p. m.			
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 <b>Desloge, Mo.</b> COUNTY STATE	
21. I attended the deceased from <b>1-8-57</b> to <b>1-9-57</b> and last saw <b>him</b> alive on <b>1-9-57</b> Death occurred at <b>2:15 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>C. E. Howell, D.O.</b> (Print or title)		22b. ADDRESS <b>7th St. River, Mo.</b>	
		22c. DATE SIGNED <b>1-11-57</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan. 12, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Memorial Park, St. Francois Co., Mo.</b>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <b>Berlin Bayor, Desloge, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Jan. 11, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Eather Rudloff</b>			

(License & Embolmer's Statement on Reverse Side)

health, Welfare public service  
 300 1-56  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

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 *B. T. Dyer*.....

Licensed Embalmer No. *3*

P. O. Address *Wesley*

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