

FILED FEB 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

5243

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>	c. CITY OR TOWN <u>Joplin</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>Joplin General Hospital</u>			f. STREET ADDRESS (If rural, give location) <u>1816 Moffet Ave.</u> <span style="float: right;">04950</span>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Albert</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6, 1957</u>		
--	--	--	---	--	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 8, 1864</u>		9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	---	-------------------------------------	--	---	---------------------------	--------------------------	--------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Viroqua, Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	--	--	--	--	---

13a. FATHER'S NAME <u>Charles Boland Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Jespersen</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Rosabell Williams</u>	
---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk.</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS		
--	--	-------------------------	---	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac arrest</u></p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>ANTECEDENT CAUSES</p> <p>DUE TO (b) <u>pontocaine reaction</u></p> <p>DUE TO (c) <u>bladder stones</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>						<u>imed.</u>
						<u>imed.</u>
						<u>unknown</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <input checked="" type="checkbox"/> 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)			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 2-1-57, 19  , to 2-6-57, 19  , that I last saw the deceased alive on 2-6-57, 19  , and that death occurred at 11:40 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>521 W. 4th Joplin, Mo.</u>		23c. DATE SIGNED <u>2-8-57</u>	
---	--	--	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DIAMOND CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>DIAMOND, MISSOURI</u>
---	--	-------------------------	--	--	--

DATE REC'D BY LOCAL REG. <u>2-11-57</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Steve Parker Mortuary, Joplin, Mo.</u>		
---	--	--	--	--	--

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

County File Number 57-2-136  
Date Filed FEB 18 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 F. M. Jones .....  
Licensed Embalmer No. 234

P. O. Address Joplin .....

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.