

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 19 1957

BIRTH NO. _____ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **4515** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY SULLIVAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SULLIVAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILAN		c. CITY OR TOWN MILAN 1060	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 7 days		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sull. Co. Mem. Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Roy Curwithing	b. (Middle)	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) 2 11 1957
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5. SEX MALE	6. COLOR OR RACE WHITE 0	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH 3-5-1882	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 11 Days 6	IF UNDER 24 Hrs. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Atchison Co. Mo 0	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Gool Williams	13b. MOTHER'S MAIDEN NAME Cora Butler	14. NAME OF HUSBAND OR WIFE Hannah Sawyer (deed)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Hugh McCaughey ADDRESS Milan-120
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 100 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	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. Cholelithosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 2
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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? -
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22. I hereby certify that I attended the deceased from **12-24-1956**, to **2-12-1957**, that I last saw the deceased alive on **2-12-1957**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE V. Robinson D.O. (Degree or title)	23b. ADDRESS Milan, Mo.	23c. DATE SIGNED 2-12-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-14-57	24c. NAME OF CEMETERY OR CREMATORY Henry Cem	24d. LOCATION (City, town, or county) (State) Reger 120
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DATE REC'D BY LOCAL REG. 2-15-57	REGISTRAR'S SIGNATURE Mrs. M. W. Beckett	25. FUNERAL DIRECTOR'S SIGNATURE Schoenewy ADDRESS Milan-120
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5250

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..... *Dwight Scherer*

Licensed Embalmer No. *2667*

P. O. Address *Milwaukee*

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.