S. No. 300
v. 10.48

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

FILED MAY 3 - 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12879

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 72

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**1. PLACE OF DEATH**
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): E. Crowder Rest Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Grundy
c. CITY OR TOWN: Trenton
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Marion Twp. 0402

**3. NAME OF DECEASED** (Type or Print): a. (First) CHARLES b. (Middle) B. c. (Last) WILLIAMS

**4. DATE OF DEATH** (Month) (Day) (Year): 4 - 19 - 57

**5. SEX**: M

**6. COLOR OR RACE**: W

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: Aug. 4 1875

**9. AGE** (In years last birthday): 81 | 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): Retired Farmer

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and State or Foreign Country): Morgan Co. Ill.

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: J R William

**13b. MOTHER'S MAIDEN NAME**: Mary —

**14. NAME OF HUSBAND OR WIFE**: Ada Moore William

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): | (If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**: —

**17. INFORMANT'S SIGNATURE OR NAME**: Mrs C B William | **ADDRESS**: Trenton Mo

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Cerebral Embolism

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**: 4201

**20. AUTOPSY?** YES ☐ 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):

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* Jan, 1957, *to* Apr 19, 1957, *that I last saw the deceased alive on* Apr 18, 1957, *and that death occurred at* 3:00 *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: [illegible] (Degree or title): MD

**23b. ADDRESS**: Princeton Mo

**23c. DATE SIGNED**: 4/20/57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 4-22-57

**24c. NAME OF CEMETERY OR CREMATORY**: Rural Dale Cem

**24d. LOCATION** (City, town, or county) (State): Trenton Mo

**DATE REC'D BY LOCAL REG.**: 4-22-57

**REGISTRAR'S SIGNATURE**: Irene Dawn

**25. FUNERAL DIRECTOR'S SIGNATURE**: D R Payne & Son | **ADDRESS**: Galt Mo

(Licensed Embalmer's Statement on Reverse Side)

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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed P K Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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