

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23989**

FILED AUG 12 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **97**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Boonville,</b>	c. LENGTH OF STAY (in this place township) <b>10 years</b>	c. CITY OR TOWN <b>Boonville</b>	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 <b>Mo. Training School</b>		e. STREET ADDRESS (If rural, give location) <b>Missouri Training School</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LEO</b> b. (Middle) <b>VALARA</b> c. (Last) <b>WILLIAMS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 8, 1957</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug. 12, 1908</b>	9. AGE (In years last birthday) <b>48</b> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work) <b>Corrections Officer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Tr. School</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mo. Joplin, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Thomas Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Laura</b>		14. NAME OF HUSBAND OR WIFE <b>Elva Bellamy Williams</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY (If yes, give war or dates of service) <b>486-18-7592</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Earl Williams Boonville, Mo.</b>	

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		INTERVAL BETWEEN ONSET AND DEATH <b>few minutes</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>arterosclerotic myocarditis, valvular</b>		
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	20. AUTOPSY? <b>2</b> 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 **aug 8, 1957**, to **aug 8, 1957**, that I last saw the deceased alive on **aug 8, 1957**, and that death occurred at **10:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. H. Chamberlain, M.D.</b>		23b. ADDRESS <b>Boonville Mo</b>		23c. DATE SIGNED <b>8-9-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Aug. 10/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hopewell Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Versailles, Mo. RFD</b>		

DATE REC'D BY LOCAL REG. <b>8/9/57</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] Boonville, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

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MAR 26 1958

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 *Berry W. Hatcher*

Licensed Embalmer No. *394*

P. O. Address *Brussels*

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.