

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
 MEDICAL CERTIFICATION

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30752

FILED OCT 1 1957

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR MONETT TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MONETT Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SCROGGINS NURSING HOME		Length of stay in 1b 8 DAYS	d. STREET ADDRESS 507 8th Street (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Benjamin Middle Eaton Last Williams			4. DATE OF DEATH Month 9 Day 20 Year 57
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 17, 1860
9. AGE (In years last birthday) 97		IF UNDER 1 YEAR Months 1 Days 3	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Frisco Employee		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and state or country) Gainesboro, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME James W. Williams	
14. MOTHER'S MAIDEN NAME Mary Crowder		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT Address Mo. Mrs. L.A. Taylor 507 8th St. Monett,	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis DUE TO (b) Senility & Peritonitis by peritomy DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 6010x			INTERVAL BETWEEN ONSET AND DEATH 2 Weeks
19a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month Day Year 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 Monett COUNTY STATE
21. I attended the deceased from 10-2-50 to 9-20-57 and last saw her/him alive on 9-19-57 Death occurred at 4:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) Frank R. Kerr MD		22b. ADDRESS Monett Mo.	22c. DATE SIGNED 9-21-57
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) BURIAL	23b. DATE Sept. 22, 1957	23c. NAME OF CEMETERY OR CREMATORY IC030.F. Cemetery	23d. LOCATION (City, town, or county) (State) Monett Missouri
24. FUNERAL DIRECTOR Mercer Funeral Home		ADDRESS 102. Dunn	25. DATE RECD. BY LOCAL REG. 9-27-57
		26. REGISTRAR'S SIGNATURE Mrs. P.A. Cook	

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 957-178

DATE REC. 9-30-57

207 2 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No. 44

P. O. Address Months

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