

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

355413  
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 3

300  
1-57

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Butler</b>  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Poolar Bluff</b>  |                                   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Doniphan</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Doctor's Hospital</b>   |                                   | Length of stay in lb  | d. STREET ADDRESS (If outside, give location)<br><b>807 Walnut</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>James Ernest Williams</b>  |                                   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>Nov. 16, 1957</b>   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>August 12, 1880</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Medical Doctor</b>  |                                   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Medicine</b>  | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.<br><b>77</b> Months Days Hours Min.   |
| 11. BIRTHPLACE (City and state or country)<br><b>Anna, Illinois</b>   |                                   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>Unknown</b>  |                                   | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Mae Williams</b>   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                   | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT<br><b>Mae Williams Doniphan, Missouri</b><br>Address   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY<br>IMMEDIATE CAUSE (a) <b>Atherosclerotic Cardiovascular disease</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Advancing age</b><br>DUE TO (c)<br>PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Renal nephrosclerosis 442X</b> |                                   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 years</b>   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>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 COUNTY STATE  |
| 21. I attended the deceased from _____ and last saw her alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Robert Engelhard M.D.</b>  |                                   | 22b. ADDRESS<br><b>Peppan Bluff Mo</b>  | 22c. DATE SIGNED<br><b>11/18/57</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>Nov. 19, 1957</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Anna Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Anna Illinois</b>  |
| 24. FUNERAL DIRECTOR<br><b>Edwards Funeral Home Doniphan, Mo.</b>   |                                   | 25. DATE RECD. BY LOCAL REG.<br><b>11/18/57</b>   | 26. REGISTRAR'S SIGNATURE<br><b>W. J. Muehler</b>  |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

RECEIVED

NOV 25 1957 NOV 25 1957  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

DEC 11 1957

DEC 18 1957

DEC 31 1957

VS  
SEP 26 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 Gene J. Parent

Licensed Embalmer No. 4809

P. O. Address Naylor, Mo

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.