

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 10 1958

2055

STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 5790 Registrar's No. 42

|   |                                  |   |  |   |  |
|---|----------------------------------|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Mississippi</b>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Wolf Island Township</b>  |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | c. CITY OR TOWN <b>East Prairie</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>15 Mi. South E. P.</b>   |                                  | Length of stay in 1b<br><b>30 Yrs.</b>  | d. STREET ADDRESS <b>Route #2</b>  |   | (If outside, give location)<br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Robert</b> Middle <b>H. Williams</b> Last   |                                  |   | 4. DATE OF DEATH<br>Month <b>January</b> Day <b>2</b> Year <b>1958</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>October 30, 1908</b>  | 9. AGE (In years last birthday)<br><b>49</b>    | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer &amp; Merchant</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming &amp; Gen. Merch</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Brandenburg, Kentucky</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b> |  |
| 13. FATHER'S NAME<br><b>Samuel B. Williams</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Lillie Nicholas</b>   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Unknown</b>   |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address<br><b>Mrs. Emma Williams, East Prairie, Mo.</b>  |   |  |
| 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>Myocardial infraction</b>   |                                  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                                  |   |  |   | DUE TO (b)   |
|   |                                  |   |  |   | DUE TO (c)   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  |                                  |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</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.)<br><b>4201</b>                                    |   |  |
| 20c. TIME OF INJURY<br>Hour <b>2</b> a. m. <b>12</b> p. m. <b>U</b>   |                                  |   |  |   |  |
| 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 <b>Feb 2, 1955</b> to <b>Jan. 2, 1958</b> and last saw him alive on <b>9/7/57</b><br>Death occurred at <b>S. A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |  |
| 22a. SIGNATURE <b>G. H. Whitson, M.D.</b>   |                                  |   | 22b. ADDRESS<br><b>East Prairie Mo.</b>  | 22c. DATE SIGNED<br><b>1/6/58</b>               |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   | 23b. DATE                        | 23c. NAME OF CEMETERY OR CREMATORY  | 23d. LOCATION (City, town, or county) (State)  |   |  |
| <b>Burial</b>   | <b>1-5-58</b>                    | <b>Columbus Cemetery</b>  | <b>Columbus, Kentucky</b>  |   |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Travis Shelby Jr., East Prairie, Mo.</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>1-6-58</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Gertrude G. Harper</b>   |   |  |

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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 em  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *T. Travis Shelby Jr.*

Licensed Embalmer No. *491*

P. O. Address *Cost. Pa.*

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.