

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41366-57

2229

FILED JAN 30 1958

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 58

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>PEMISCOT</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HAYTI</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>PEMISCOT</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb		c. CITY OR TOWN <u>HAYTI</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
First <u>WILLIE</u>		Middle		Last <u>WILLIAMS</u>		Month Day Year <u>JAN. 12, 1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>2 COLORED</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 26, 1957</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u>	11. BIRTHPLACE (City and state or country) <u>HAYTI, MISSOURI</u>	Months <u>6</u>	Days	Hours	Min.
13. FATHER'S NAME <u>SAMMY LEE WILLIAMS</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
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 Address <u>ALMEATER WILLIAMS HAYTI, MISSOURI</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Colitis Ulcerative</u>							
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(n)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							<u>5722</u>
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 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		COUNTY	STATE
21. I attended the deceased from <u>1-12-58</u> to _____ and last saw her/him alive on <u>1-12-58</u> Death occurred at <u>unknown</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. L. Masters, D.O.</u> (Degree or title)				22b. ADDRESS <u>Hayti, Mo</u>		22c. DATE SIGNED <u>1-15-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>JAN. 13, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PORTAGEVILLE COLORED CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>PORTAGEVILLE, MO.</u>		
24. FUNERAL DIRECTOR <u>DELISLE FUNERAL PARLOR PORTAGEVILLE, MO.</u>			25. DATE RECD. BY LOCAL REG. <u>1-18-58</u>		26. REGISTRAR'S SIGNATURE <u>John L. German</u>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

800-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with asterisk. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1-33-178

JAN 28 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.