

Death, welfare, public service, 000, -56, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010537
STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette 0542</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Lexington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2612 South Street Life.</u>			Length of stay in lb	d. STREET ADDRESS <u>2612 South Street</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Joseph Joseph Williams</u>				4. DATE OF DEATH <u>March - 9 1958</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>Colored</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Not Known About 88</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Employee</u>		11. BIRTHPLACE (City and state or country) <u>Lexington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Lee Williams</u>				14. MOTHER'S MAIDEN NAME <u>Not Known</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Addie Williams, Lexington, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Natural causes probably a cardiac death</u> <u>This man lived with his wife who seems incompetent</u> <u>He died several times. He was found on the bed in the bedroom. No evidence of violence</u> DUE TO (b) <u>the deceased died during the night of his</u> <u>bed rest.</u> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH
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.) <u>2</u>				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. CITY, TOWN, OR LOCATION COUNTY STATE			20f. CITY, TOWN, OR LOCATION COUNTY STATE				
21. I attended the deceased <u>from death</u> to <u>her alive</u> and last saw him <u>alive</u> Death occurred at <u>2612 South Street</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W. Martin</u> (Degree or title) <u>Coroner</u>				22b. ADDRESS <u>O. Jesse</u>		22c. DATE SIGNED <u>3-9-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>March 6, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Green</u>		23d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>		
24. FUNERAL DIRECTOR <u>Forest Temple</u> ADDRESS <u>Lexington, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>3-11-58</u>		26. REGISTRAR'S SIGNATURE <u>Wm. E. Eckhardt</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 3 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.....
L. W. McLean

Licensed Embalmer No.
288

P. O. Address.....
Helmington

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.