

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013466

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 50 Primary Registration District No. 5176 Registrar's No. 8

300
-57
150

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY OR TOWN Stoutland, Mo Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Stoutland, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.		d. STREET ADDRESS (If outside, give location) Rural Rt. # 1. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Anna Middle ---- Last Williams.			4. DATE OF DEATH Month April Day 17, Year 1958		
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5. SEX Female	6. COLOR OR RACE White.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 12 1884	9. AGE (In years birth day) 74	10. UNDER 1 YEAR Months 4 Days 17	11. UNDER 24 HRS. Hours 17 Min. 4
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Muscataine, Iowa.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert Campbell	13b. MOTHER'S MAIDEN NAME Leach Deeter.	14. NAME OF HUSBAND OR WIFE Louis D. Williams
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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. none.	17. INFORMANT Louis D. Williams Address Stoutland, Mo. Rt. #1
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
DUE TO (b) Blood clot		
DUE TO (c) 4201		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension - Epilepsy		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) -----
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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 -----
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21: I attended the deceased from 4-17 to 4-17 and last saw her/him alive on 4-17-58 - Death occurred at 5:15 on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE [Signature] (Degree or title) D.O. 2	22b. ADDRESS Richland, Missouri	22c. DATE SIGNED 4/18/58
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23a. BURIAL, CREMATION, or other disposition (Specify) Burial	23b. DATE 4/20/58	23c. NAME OF CEMETERY OR CREMATORY Simlin Cemetery.	23d. LOCATION (City, town, or county) (State) Stoutland, Mo Rural Rt.
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24. FUNERAL DIRECTOR (Name and address) Hedges Funeral Home Stoutland, Mo	25. DATE RECD. BY LOCAL REG. 4/21/58	26. REGISTRAR'S SIGNATURE Zilpha J. Drow,
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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APR 3-0 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 *Clarence E. Moss*

Licensed Embalmer No. 4896
P. O. Address Waynesville, 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.