

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013747  
State File No.

FILED APR 18 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4180 Registrar's No. 191

0359

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY OR TOWN <u>Campbell</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Nursing Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 9 58</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-5-1879</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas Clay</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Lewis Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Moore</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy Williams deceased</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lewis Williams Campbell, Missouri</u> ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary occlusion</u>		<u>13 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Arteriosclerosis C.V.D.'s</u> DUE TO (c) _____		<u>? years</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old Right Hemiplegia</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1/17, 1952, to 4/8, 1958, that I last saw the deceased alive on 4/8, 1958, and that death occurred at 12:05 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wallace Belsey M.D.</u>	23b. ADDRESS <u>Campbell, Mo.</u>	23c. DATE SIGNED <u>7/11/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-11-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Williams</u>
		24d. LOCATION (City, town, or county) (State) <u>Figgott Route Ark</u>

DATE REC'D BY LOCAL REG. <u>4-12-58</u>	REGISTRAR'S SIGNATURE <u>Miss Beulah Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell Mortuary</u> ADDRESS <u>Figgott, Ark</u>
---	---	--

RECEIVED BUNNELL COUNTY HEALTH

DEPARTMENT 4-14-58

COUNTY FILE NUMBER 458-88

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 me, Student Embalmer No. .... working under my personal supervision..

Student..... Signature of Student Embalmer

Signed Gerald W. Hoggard

Licensed Embalmer No. Ok. 111

P. O. Address Box #31

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.