

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017256
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Monett 0651 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent		d. STREET ADDRESS 206 Lincoln St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRED Middle H. Last WILLIAMSON		4. DATE OF DEATH May 4, 1958 Month May Day 4 Year 1958	
5. SEX Male	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 Mar. 18, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months 1 Days 16 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Boone County, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Williamson		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Mabel Morris Williams		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. 432-66-4509		17. INFORMANT Address Mrs. Fred H. Williamson Monett, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism 10 days Post operative Conditions, if any, which gave rise to above cause (a), stating the underlying cause, lost. } 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)			INTERVAL BETWEEN ONSET AND DEATH 3 minutes
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.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <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 9-10-58 to 5-8-58 and last saw her/him alive on Death occurred at 10:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank H. Williams MD (Degree or title)		22b. ADDRESS Monett Mo	
22c. DATE SIGNED 5-2-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5/6/58		23c. NAME OF CEMETERY OR CREMATORY Oakley Chapel Cem.	
23d. LOCATION (City, town, or county). Rogers, Ark.		(State)	
24. FUNERAL DIRECTOR ADDRESS J. D. Buchanan Monett, Mo.		25. DATE RECD. BY LOCAL REG. 6-2-58	
26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 658-128

DATE REC. 6-9-58

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 *J. P. Buchanan*

Licensed Embalmer No. 3179

P. O. Address Monett, 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.