

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017454

STATE FILE NUMBER

FILED JUN 5 1958 Registration District No. 43 Primary Registration District No. 5135 Registrar's No. 381

300
-57

1. PLACE OF DEATH a. COUNTY <i>Butler County</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Butler</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Quinn R 1</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Quinn R 1 0120</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home Quinn R 1</i> Length of stay in lb <i>20 yr</i>		d. STREET ADDRESS (If outside, give location) <i>Quinn R 1</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Myrtle</i> Middle <i>Williams</i> Last <i>Williams</i>			4. DATE OF DEATH <i>5-24-1958</i> Month <i>5</i> Day <i>24</i> Year <i>1958</i>
5. SEX <i>Female</i>	6. COLOR OF RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 3-1885</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>Woodville Ky</i>	9. AGE (In years last birthday) <i>72</i> IF UNDER 1 YEAR Months Days Hours Min.
10a. FATHER'S NAME <i>Sam Duker</i>		13b. MOTHER'S MAIDEN NAME <i>Minnie Brim</i>	14. NAME OF HUSBAND OR WIFE <i>Ed Williams</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Husband Sam Williams Quinn R 1</i> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>-</i> DUE TO (c) <i>-</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Subacute</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>-</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>-</i>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>-</i>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>-</i>	
21. I attended the deceased from <i>July 20</i> to <i>May 24</i> and last saw her alive on <i>May 22 - 1958</i> Death occurred at <i>May 24 - 1958 7:00 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Scott Coon, M.D.</i>		22b. ADDRESS <i>Quinn Mo</i>	22c. DATE SIGNED <i>5/26-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>May 27, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Brown Chapel Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Broseley, Missouri Rte.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Landess Funeral Home, Campbell, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>5/31/58</i>	26. REGISTRAR'S SIGNATURE <i>R. D. Newstine</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED
JUN 3 1968
BUTLER CO. HEALTH CENTER
FILE No. _____

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 *Kristina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.