

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022962

STATE FILE NUMBER

FILED JUL 9 1958

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 397

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Doniphan</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Doniphan</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Hosp.</b>		Length of stay in lb <b>35 YEARS</b>	STREET ADDRESS (If outside, give location) <b>126 JEFFERSON</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Daniel Thomas Williams</b>			4. DATE OF DEATH Month Day Year <b>6 - 13 - 58</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-13-77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Saw Mill operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lumber</b>	9. AGE (In years last birthday) <b>81</b>
11. BIRTHPLACE (City and state or country) <b>Howell County, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Ruben Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Delphia Riley</b>	14. NAME OF HUSBAND OR WIFE <b>-</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT <b>Ruth Williams - Doniphan, Mo</b> 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) <b>Coronary Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>4201</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>June 1, 1958</b> to <b>June 13, 1958</b> and last saw him alive on <b>6/13/58</b> Death occurred at <b>3:30 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Frank C. Johnson MD</b> (Degree or title)		22b. ADDRESS <b>Doniphan, Mo</b>	22c. DATE SIGNED <b>6/16/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>6-15-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bardley Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Bardley, Missouri</b>
24. FUNERAL DIRECTOR <b>Edwards Funeral Home</b> <b>Doniphan, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>6-25-58</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Johnson</b> <i>deputy</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Gene L. Parrent* .....

Licensed Embalmer No. *1809* .....  
P. O. Address *Naylor, 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.