

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023038

STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 228

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1-56

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1. PLACE OF DEATH a. COUNTY ST. FRANCIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN FLAT RIVER Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN FLAT RIVER Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CURRINGHAM MANHOLD		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last BEN T. WILLIAMS			4. DATE OF DEATH Month Day Year JUNE 12 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH JUNE 13 1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Genevieve Co. Mo. U.S.A.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Noahy Williams			14. MOTHER'S MAIDEN NAME ELLEN GOVONO		
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. 488-24-1064	17. INFORMANT Address Gilbert Williams Flat River 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) Cerebral Stenosis		INTERVAL BETWEEN ONSET AND DEATH 15IX
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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(n)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 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 July 19 58 , to June 12 58 and last saw her alive on June 10 58 Death occurred at 7:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) C. H. Appleberry M.D.	22b. ADDRESS Revermines, MO	22c. DATE SIGNED 6-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 14, 1958	23c. NAME OF CEMETERY OR CREMATORY CATHOLIC	23d. LOCATION (City, town, or county) (State) FLAT RIVER, MO.
24. FUNERAL DIRECTOR ADDRESS Reginald Caldwell and Sons Flat River Mo.		25. DATE RECD. BY LOCAL REG. June 13, 1958	26. REGISTRAR'S SIGNATURE Ethel Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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. Coroner cannot certify to a death due to natural causes.

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 *R. Caldwell*

Licensed Embalmer No. *250*

P. O. Address *Flat River*

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..