

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024507
STATE FILE NUMBER

FILED AUG 12 1958 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 109

300
1-57

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Barry		b. CITY (If outside corporate limits, give TOWNSHIP only) Monett		a. STATE Missouri		b. COUNTY Barry		
b. CITY (If outside corporate limits, give TOWNSHIP only) Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 608 Third St.		Length of stay in lb 40 Yrs.		d. STREET ADDRESS (If outside, give location) 608 Third St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First HIRAM		Middle EMMETT		Last WILLIAMS		Month Day Year Aug. 5, 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 Dec. 31, 1885		9. AGE (In years last birthday) UNDER 1 YEAR IF UNDER 24 HRS. 72 Months Days Hours Min. 7 4		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frisco R.R. Machinist		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Golden, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Ben Williams			13b. MOTHER'S MAIDEN NAME Sarah Elizabeth			14. NAME OF HUSBAND OR WIFE Minnie C. Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 702-07-6651		17. INFORMANT Address Mrs. H. E. Williams 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) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 2 1/2		
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 (a)		
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.) 4201					
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 10-2-50 to 8/5/58 and last saw her alive on 8-5-58 Death occurred at 11:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Ben Williams M.D.				22b. ADDRESS Monett Mo			22c. DATE SIGNED 8-7-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/8/58		23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		23d. LOCATION (City, town, or county) (State) Monett, Mo.		
24. FUNERAL DIRECTOR ADDRESS J. D. Buchanan Monett, Mo.				25. DATE RECD. BY LOCAL REG. 8-8-58		26. REGISTRAR'S SIGNATURE Mr. P. N. Cook		

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 858-164

DATE REC. 8-11-58 AUG 19 1958

JUN 29 1959

AUG 19 1958

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. D. 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.