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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026274
STATE FILE NUMBER

FILED AUG 6 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 253

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): HANNIBAL — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): StELIZABETH HOSPT — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: MONROE
c. CITY OR TOWN: 0690 STOUTSVILLE — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R.F.D. 2 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: LYNN Middle: GREGORY Last: WILLIAMS

4. DATE OF DEATH Month Day Year: JULY 13th 1958

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] 0 **DIVORCED** [ ]

8. DATE OF BIRTH: JANUARY 25th 1956

9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months 5 Days 18 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NEVER WORKED

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): HANNIBAL. MISSOURI 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: STEPHEN WILLIAMS

13b. MOTHER'S MAIDEN NAME: LELA P BUCKMAN

14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Stephen A. Williams Address: Stoutsville Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pneumonia Bilateral	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Endocarditis	4 days
DUE TO (c)	Rheumatism - Acute.	4 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): NAH

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 _____, to _____ and last saw her/him alive on _____
Death occurred at 210 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lowell B. Lanham, M.D. (Degree or title) 0

22b. ADDRESS Hannibal. Mo

22c. DATE SIGNED 6/15/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 7-15-58

23c. NAME OF CEMETERY OR CREMATORY: StSTEVENS CEMETERY

23d. LOCATION (City, town, or county) (State): MONROE CITY, MO

24. FUNERAL DIRECTOR: Wilson & Sons. **ADDRESS:** MONROE CITY, MO

25. DATE RECD. BY LOCAL REG.: 7-29-58

26. REGISTRAR'S SIGNATURE: Dr. E.M. Lucke By W.C. Parker

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

. Health,
. & Welfare
. Public
th Service

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RECEIVED AUG 0 4 1958
MARION CO. HEALTH DEPT.
DATE FILED AUG 0 4 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 Ms., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Leslie L. Gibson

Licensed Embalmer No. 3014

P. O. Address Monroe City

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.