

Health,
& Welfare
Public
Service
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S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027991

STATE FILE NUMBER

FILED JUL 22 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY Vernon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada 1080		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in 1b 16 Days	d. STREET ADDRESS (If outside, give location) R. R. 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Harry Middle Cidney Last Williams			4. DATE OF DEATH Month July Day 17 Year 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 19 April 1898	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Independence, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME C. A. Williams		13b. MOTHER'S MAIDEN NAME Rose Toutner		14. NAME OF HUSBAND OR WIFE Frances Williams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, [unknown]) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. 511 05 3310	17. INFORMANT Address Mrs. Frances Williams Nevada, 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 Occlusion.					INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ✓ DUE TO (c) ✓					4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocarditis complicating pneumonia.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE No No No		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None.			
20c. TIME OF INJURY Hour Month Day Year 9 AM					
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.) Nevada	20f. CITY, TOWN, OR LOCATION Vernon		COUNTY Mo.	STATE
21. I attended the deceased from June 23/58 to July 17/58 and last saw him alive on July 17-58 . Death occurred at 9 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. Love (Degree or title)			22b. ADDRESS Nevada, Mo		22c. DATE SIGNED 7/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 22 July	23c. NAME OF CEMETERY OR CREMATORY Moore Cemetery		23d. LOCATION (City, town, or county) (State) Vernon Co. Missouri.	
24. FUNERAL DIRECTOR Richard L. Shorten ADDRESS Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 7-19-1958		26. REGISTRAR'S SIGNATURE Anna E. Jerry	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

FEB 26 1959

VS NOV 20 1959

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 *Lloyd C. McCall*

Licensed Embalmer No. *4853*

P. O. Address *Shelby, 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.