

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028594

STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 74 Primary Registration District No. 4136 Registrar's No. 32

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Plattsburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Plattsburg 6-250 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 600 CLAY AVE		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 600 CLAY AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Fred Williams			4. DATE OF DEATH Month Day Year August 14 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 MAY 4 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER & BANKER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) TURNERY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME A. B. Williams		13b. MOTHER'S MAIDEN NAME MARY Daniels	14. NAME OF HUSBAND OR WIFE Josaphine Williams
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. 486-01-3513A	17. INFORMANT Address MRS. Fred Williams Plattsburg, 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 DUE TO (b) Arterio Sclerosis DUE TO (c) 4201 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Instant
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 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 1950 to Aug 14-58 and last saw her alive on Aug 1-58 Death occurred at 8:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. B. Spalding MD		22b. ADDRESS Plattsburg Mo	22c. DATE SIGNED Aug 15 58
23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE Aug. 16 1958	23c. NAME OF CEMETERY OR CREMATORY Greenlawn	23d. LOCATION (City, town, or county) (State) Plattsburg Mo.
24. FUNERAL DIRECTOR LYON FUNERAL HOME INC. Plattsburg, MO.		25. DATE RECD. BY LOCAL REG. Aug 16, 1958	26. REGISTRAR'S SIGNATURE Elizabeth Searce

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
MEDICAL CERTIFICATION

SEP 1 1958

SEP 1 7 1958

OCT 8 1958

SEP 8 1958
SEP 9 1958

MAY 30 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 *Philip E. Cox*

Licensed Embalmer No. 4993

P. O. Address *Statenburg, 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.