

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032447
STATE FILE NUMBER

FILED SEP 22 1958

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 119

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>West Virginia</u> b. COUNTY <u>Cabell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Huntington</u> 8479
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Toll Hospital</u>		Length of stay in lb <u>8 hrs</u>	d. STREET ADDRESS (If outside, give location) <u>510 W 10th</u>
3. NAME OF DECEASED (Type or print) First <u>Archie</u> Middle <u>Jim</u> Last <u>Williams</u>			4. DATE OF DEATH Month <u>9</u> Day <u>14</u> Year <u>58</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-19-1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>East Palestine, Ohio</u>
13a. FATHER'S NAME <u>Archie Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Hepburn</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Williams</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Packet Contents</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock (N9956) delayed following injury manifest</u>			INTERVAL BETWEEN ONSET AND DEATH
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) <u>Fracture, jaw, skull, left humerus, pelvis, left tibia, several multiple lacerations + contusions</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>head on collision.</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Harrison</u> COUNTY <u>Mo</u> STATE <u>041</u>	
21. I attended the deceased from <u>Sept 17, 58</u> to <u>9/14/58</u> and last saw him alive on <u>9/14/58</u> Death occurred at _____ m of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Merriam Barber</u> (Degree or title)		22b. ADDRESS <u>Bethany Mo.</u>	22c. DATE SIGNED <u>9/15/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9-16-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Reger Mortuary</u>	23d. LOCATION (City, town, or county) (State) <u>Huntington W. Virg.</u>
24. FUNERAL DIRECTOR <u>MBA Isaac</u> ADDRESS <u>Bethany Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-16-58</u>	26. REGISTRAR'S SIGNATURE <u>Jella Masey</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 24 1958

OCT 2 1958

VS FEB 24 1961

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 *M. H. Lane*

Licensed Embalmer No. *3899*

P. O. Address *Bethany, 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.