

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036153
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 141

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <i>Harrison</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Harrison</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Bethany</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Bethany</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT hospital, give location) HOSPITAL OR INSTITUTION <i>at home</i>		Length of stay in lb <i>74 yr</i>	d. STREET ADDRESS <i>0411 302717</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Tra Bird Williams</i>			4. DATE OF DEATH Month Day Year <i>10-28-1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>11-8-1883</i>	9. AGE (In years last birthday) <i>74</i>	IF UNDER 1 YEAR Months Days Hours Min. <i>11 30</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (City and state or country) <i>Harrison County Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Jackson Williams</i>		13b. MOTHER'S MAIDEN NAME <i>Nancy Bird</i>		14. NAME OF HUSBAND OR WIFE <i>Ada Williams</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give No. or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>496-03-7877</i>	17. INFORMANT <i>Ada Williams</i>		Address <i>Bethany Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i>					INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Acute Bilateral Pyelonephritis</i>					<i>14 days</i>
DUE TO (c) <i>Carcinoma of Prostate</i>					<i>177X 2 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>--</i>					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.) <i>--</i>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>--</i>		<i>--</i>			
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.) <i>--</i>	20f. CITY, TOWN, OR LOCATION <i>--</i>	COUNTY <i>--</i>	STATE <i>--</i>
21. I attended the deceased from <i>9/21/58</i> to <i>10/28/58</i> and last saw <i>him</i> alive on <i>10/27/58</i> Death occurred at <i>6 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Wm Country D.O.</i>			22b. ADDRESS <i>Bethany, Missouri</i>		22c. DATE SIGNED <i>10/31/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>10-31-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Miriam</i>	23d. LOCATION (City, town, or county) <i>Bethany Mo.</i>		(State)
24. FUNERAL DIRECTOR <i>W B Isaac</i>		ADDRESS <i>Bethany Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>10-31-1958</i>	26. REGISTRAR'S SIGNATURE <i>Gella Maxey</i>	

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.

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 *MSH*

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.