

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040417
STATE FILE NUMBER

FILED NOV 26 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 548

1. PLACE OF DEATH a. COUNTY <u>Jayson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jayson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jayson</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jayson</u> 0490
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns</u>		Length of stay in 1b <u>1 day</u>	d. STREET ADDRESS (If outside, give location) <u>Bell Center</u>
3. NAME OF DECEASED (Type or print) First <u>WARREN</u> Middle <u>B.</u> Last <u>WILLIAMS</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>13</u> Year <u>1958</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>Sept. 4, 1894</u>
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>the Paul Dean</u>	11. BIRTHPLACE (City and state or country) <u>Denver Colorado</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Warren B. Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Dalley</u>	14. NAME OF HUSBAND OR WIFE <u>Hola Harmon</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>487-30-9473</u>	17. INFORMANT <u>Hola Williams</u> Address <u>Bell Center</u>
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>Acute Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Anginal Syndrome</u>			<u>2 month</u>
DUE TO (c) <u>Arteriosclerosis (mod-advanced)</u>			<u>unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			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 _____ a.m. _____ p.m.		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Oct 27, 1958</u> to <u>Nov 13, 1958</u> and last saw him alive on <u>Nov 4-1958</u> Death occurred at <u>4 Pm</u> <u>Nov-1958</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Lois... [Signature]</u>		22b. ADDRESS <u>2125 Julian Mc... [Address]</u>	22c. DATE SIGNED <u>11-15-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Nov. 17, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mount Park</u>	23d. LOCATION (City, town, or county) (State) <u>Jayson Missouri</u>
24. FUNERAL DIRECTOR <u>Chouhill-Dillon</u> ADDRESS <u>Jayson Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-20-58</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 6 1962

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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 *Robert C. Rolfe*

Licensed Embalmer No. *5062*

P. O. Address *Joplin, Mo.*

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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.