

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040519

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 137

S. 300
1-57

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O. H. DAMPTON, M. D.
 All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson				
b. CITY (If outside corporate limits, give TOWNSHIP only) Warrensburg			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Warrensburg			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in this location) Warrensburg Medical Center			Length of stay in 1b 50 Years		d. STREET ADDRESS (If outside, give location) 416 North Main		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Dollie Middle Williams Last Williams				4. DATE OF DEATH Month November Day 22 , Year 1958				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 7, 1877		9. AGE (In years birthday) 81	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman			10b. KIND OF BUSINESS OR INDUSTRY Steam Laundry		11. BIRTHPLACE (City and state or country) Johnson County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Williams			13b. MOTHER'S MAIDEN NAME Susan Ann Cox			14. NAME OF HUSBAND OR WIFE None		
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. 495-09-6741-A		17. INFORMANT Address Mrs Phil E. Moon Neodesha, Kansas				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 11 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis							10 years	
DUE TO (c) Diabetes mellitus							2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X							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 1:00 A. Month 11 , Day 11 , Year 58 a.m. 1:00 p.m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK		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 11-11-58 to 11-22-58 and last saw her/him alive on 11-21-58 Death occurred at 1:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) O. H. Dampston M.D.				22b. ADDRESS Warrensburg, Missouri		22c. DATE SIGNED 11/22/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 24 Nov 58	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery		23d. LOCATION (City, town, or county) Warrensburg, Missouri		(State)	
24. EMBALMER'S NAME AND ADDRESS Sweeney-Phillips, Warrensburg, Mo.				25. DATE RECD. BY LOCAL REG. Nov. 24, 1958		26. REGISTRAR'S SIGNATURE Savannah Cretchfield		

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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 *J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warr*

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.