

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002141
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 210 Primary Registration District No. Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marian Twp.		c. CITY OR TOWN Mercer	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home		d. STREET ADDRESS (If outside, give location) 81 yrs.	

3. NAME OF DECEASED (Type or print) George Manvel Williams			4. DATE OF DEATH Month Jan. Day 9 Year 1959		
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5. SEX Male	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 Jan. 13, 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ewell Williams	13b. MOTHER'S MAIDEN NAME Mary Barber	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT Raymond C. Williams Address Mercer Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Decompensated Hypertensive heart disease years	
	DUE TO (c) Arteriosclerosis years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> X

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.)
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20c. TIME OF INJURY Hour 3:30 Month Jan. Day 9 Year 1959 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 Mercer COUNTY Missouri STATE Mo.
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21. I attended the deceased from June 1958 to Jan. 9, 1959 and last saw ^{him} xx alive on Jan. 8, 1959 Death occurred at 3:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Geo F. Harrison MD	22b. ADDRESS Mercer, Missouri	22c. DATE SIGNED 1/15/59
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23a. BURIAL, CREMATION, REMOVAL, (Specify) Burial	23b. DATE Jan. 12, 1959	23c. NAME OF CEMETERY OR CREMATORY McKinney Cemetery	23d. LOCATION (City, town, or county) (State) Mercer County Mo.
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24. FUNERAL DIRECTOR James Shields	ADDRESS Lineville Iowa	25. DATE RECD. BY LOCAL REG. 1-15-59	26. REGISTRAR'S SIGNATURE Karl Mast
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Paul L. Gendron*

Licensed Embalmer No. *3967*
P. O. Address *Linnville*

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.