

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004354
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 1 Primary Registration District No. 300 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN East of Kirksville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K. O. H.		Length of stay in 1b 8 days	d. STREET ADDRESS R. F. D. #2

3. NAME OF DECEASED (Type or print) First Roy Middle Freeman Last Williams			4. DATE OF DEATH Month Feb. Day 28, Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 2, 1891	9. AGE (In years on birthday) 67	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Adair county, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Everett Carter Williams		13b. MOTHER'S MAIDEN NAME Annie Diehl		14. NAME OF HUSBAND OR WIFE Laura M. Rice	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W. W. I.	16. SOCIAL SECURITY NO. 497-42-0135	17. INFORMANT Laura Williams Kirksville, Mo	Address
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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) <i>Subarachnoid hemorrhage</i> DUE TO (b) <i>Cerebral hemorrhage</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>11 days</i> <i>13 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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. Month, Day, Year _____	

20d. INJURY OCCURRED WHILE AT WORK <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 <i>Feb 17, 1959</i> to <i>Feb 28-59</i> and last saw him alive on <i>Feb 28 1959</i> Death occurred at <i>11:39 A</i> on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>Wm. C. Kelly, D.O.</i>	(Degree or title) 2	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED <i>3-2-59.</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE <i>3-2-59</i>	23c. NAME OF CEMETERY OR CREMATORY Refuge Cemetery	23d. LOCATION (City, town, or county) Adair county, Mo.
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24. FUNERAL DIRECTOR <i>Paul M. Pileuf</i>	ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. <i>3-3-1959</i>	26. REGISTRAR'S SIGNATURE <i>Darius W. Pattiff</i>
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W.C. Kelly, D.O. All disposes in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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FEB

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 *George W. Davat*

Licensed Embalmer No. *4799*
P. O. Address *Hicksville 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.