

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005291
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 27

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bethany</u> 0411 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lacy Rest Home</u>		Length of stay in 1b <u>2 mo.</u>	d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Henry Williams</u>			4. DATE OF DEATH Month Day Year <u>3 - 5 - 1959</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>8-19-1870</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	11. BIRTHPLACE (City and state or country) <u>P Coffeyville, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>do not know</u>	
13b. MOTHER'S MAIDEN NAME <u>do not know</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie May Williams</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Maggie May Williams Bethany Mo</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>Bilateral Broncho-pneumonia</u> DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Hypertensive Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Cholecystitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 weeks</u> <u>15 years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>--</u>		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>--</u>	
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.) <u>--</u>	
20f. CITY, TOWN, OR LOCATION <u>Bethany</u>		COUNTY STATE <u>Missouri</u>	
21. I attended the deceased from <u>12/16/58</u> to <u>3/5/59</u> and last saw ^{her} _{him} alive on <u>3/5/59</u> Death occurred at <u>6:45 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wm Cactrey</u>		22b. ADDRESS <u>D.O., Bethany, Missouri</u>	
22c. DATE SIGNED <u>3/7/59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>3-9-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Coffey</u>	
23d. LOCATION (City, town, or county) <u>Coffey Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>M. H. H. Bethany, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-7-59</u>	
26. REGISTRAR'S SIGNATURE <u>Jella Maxey</u>		(Licensed Embalmer's Statement on Reverse Side)	

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 *M. J. Saar*

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.