

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006110

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 99

300
1-57

| | | | | | |
|--|----------------------------------|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY JASPER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE OKLA. | | b. COUNTY OTTAWA | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN PICHER | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S | | Length of stay in lb 4 days | | d. STREET ADDRESS (If outside, give location) 405 East F St. | |
| 3. NAME OF DECEASED (Type or print) First JOSEPH | | Middle HOUSER | | Last WILLIAMS | |
| 4. DATE OF DEATH Month FEB. | | Day 17, | | Year 1959 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH NOV. 27, 1904 | 9. AGE (In years last birthday) 54 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) millman in Lead & Zinc | | 10b. KIND OF BUSINESS OR INDUSTRY Lead & Zinc Mines | | 11. BIRTHPLACE (City and state or country) Webb City, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Harvey Williams | | 13b. MOTHER'S MAIDEN NAME Flora Bear | |
| 14. NAME OF HUSBAND OR WIFE deceased | | 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. 441-01-3268 | |
| 17. INFORMANT Cecil Williams - Picher, Okla. | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-pneumonia DUE TO (b) Probable silicosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5230 | | INTERVAL BETWEEN ONSET AND DEATH 10 days 5 yrs. | |
| 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 2-13-59 to 2-17-59 and last saw him xxx alive on 2-17-59 Death occurred at 3:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) [Signature] | | | |
| 22b. ADDRESS 308 F.R.L. Bldg., Joplin, Mo. | | 22c. DATE SIGNED 2-19-59 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 2-17-59 | | 23c. NAME OF CEMETERY OR CREMATORY GAR | |
| 23d. LOCATION (City, town, or county) Miami, Ottawa, Oklahoma | | (State) | | | |
| 24. FUNERAL DIRECTOR Paul Thomas | | ADDRESS Picher, Okla. | | 25. DATE RECD. BY LOCAL REG. 2-19-1959 | |
| 26. REGISTRAR'S SIGNATURE [Signature] | | | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

number, number, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MS MAR 6 1984

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 *[Handwritten Signature]*

Licensed Embalmer No. *1274*

P. O. Address *[Handwritten Address]*

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.