Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008281
STATE FILE NUMBER

FILED APR 14 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 113

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kirksville — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Laughlin Hosp. — Length of stay in 1b: 11 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Shelby
c. CITY OR TOWN: Hunnewell — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Town Limits — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Taylor Middle: E. Last: Williams

4. DATE OF DEATH: Month March Day 26 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: May 7, 1877
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 10 Days 19 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Clothing Mill
11. BIRTHPLACE (City and state or country): Orange City Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Henry Williams
13b. MOTHER'S MAIDEN NAME: Elsie Johnson
14. NAME OF HUSBAND OR WIFE: Maggie Lee Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Mrs. Sanford Baker Address: Hunnewell, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Cor Pulmonale — Unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchitis - Benign Prostatic Hypertrophy 43 yr
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE 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 3-15-59 to 3-26-59 and last saw him alive on 3-25-59
Death occurred at 6:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Earl Laughlin Jr. M.D. (Degree or title)
22b. ADDRESS: Kirksville, Mo
22c. DATE SIGNED: 3-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/28/1959
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State): Hunnewell, Missouri.

24. FUNERAL DIRECTOR: Harold GARNER ADDRESS: Monroe City Mo.
25. DATE RECD. BY LOCAL REG.: 4-7-1959
26. REGISTRAR'S SIGNATURE: Dorris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

EARL LAUGHLIN, JR. M.D.

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 .....

Licensed Embalmer No. 3720

P. O. Address Moore City

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.