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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008964
STATE FILE NUMBER

FILED APR 10 1959 Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <i>Dunklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Dunklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Hornersville</i> 0350 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3mi NW of Hornersville</i>		d. STREET ADDRESS <i>Rt. 1</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Helen</i> Middle <i>Suanita</i> Last <i>Williams</i>			4. DATE OF DEATH Month <i>Mar.</i> Day <i>24</i> Year <i>1959</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 17, 1921</i>		9. AGE (In years less than 1 day) <i>37</i> 11 7

10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (City and state or country) <i>Senath, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>C. A. Palmer</i>			13b. MOTHER'S MAIDEN NAME <i>Emma Skelton</i>			14. NAME OF HUSBAND OR WIFE <i>Raymond Williams</i>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Raymond Williams - Hornersville, Mo. Rt. 1</i>	
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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>Uremia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Retinulum cell sarcoma</i>			<i>12 Months</i>		
DUE TO (c) _____					
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"/>

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 <i>1/10/59</i> to <i>3/24/59</i> and last saw ^{her} him alive on <i>3/24/59</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>R. L. Johnson M.D.</i> (Degree or title)			22b. ADDRESS <i>Hornersville, Mo</i>		22c. DATE SIGNED <i>3/30/59</i>

23a. MANNER OF REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>3/26/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Wuka Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Senath, Mo. Rt. 1</i>	
24. FUNERAL DIRECTOR <i>Howard Funeral Service - beachville, Ark.</i> ADDRESS			25. DATE RECD. BY LOCAL REG. <i>4/1/59</i>		26. REGISTRAR'S SIGNATURE <i>Aue Palenstke</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEPARTMENT
COUNTY FILE NUMBER 439-114

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 *Monte Grimes*
Licensed Embalmer No. *5032*
P. O. Address *Lynchville, Va.*

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.