

Health, Welfare & Public Service

*E.A. Duffly*

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009142  
STATE FILE NUMBER

FILED MAR 23 1959

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 45

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Grundy</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Trenton</u> <u>04020</u>		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>Russel N.H.</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>109 East Crowder</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>McUs Williams</u> First Middle Last			4. DATE OF DEATH Month Day Year <u>March 15 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>Aug. 30, 1870</u>		9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>conductor</u>		11. BIRTHPLACE (City and state or country) <u>Grundy County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Tom Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Araminta Embry</u>	
14. NAME OF HUSBAND OR WIFE <u>Sara Williams</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mr. L.D. Slonecker</u>		Address <u>Trenton, 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>6 carcinoma - Prostate</u> DUE TO (b) <u>and Bladder</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1992</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
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. Month, Day, Year p.m.					
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 <u>Nov 20-57</u> to <u>Mar 18-59</u> and last saw her alive on <u>Feb 24-59</u> Death occurred at <u>5:39 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>E.A. Duffly M.D.</u> (Degree or title)			22b. ADDRESS <u>Trenton Mo</u>		22c. DATE SIGNED <u>Mar 18 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-18-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Trenton, Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>3-18-59</u>		23f. REGISTRAR'S SIGNATURE <u>Gene Fair</u>	
24. FUNERAL DIRECTOR <u>Richard D. Collins</u>			ADDRESS <u>Trenton, Mo.</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUL 8 1958

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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 *P. D. Callahan* .....

Licensed Embalmer No. *4959* .....

P. O. Address *Asentons, Ma* .....

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.