

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014370

STATE FILE NUMBER

FILED MAY 4 1959

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 148

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1-57

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1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sedalia</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>Bothwell Hospital</u>			Length of stay in lb <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>1610 West 18th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Omer FRANKLIN Williams</u>				4. DATE OF DEATH Month Day Year <u>April 29 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>July 10 1908</u>		9. AGE (In years, last birthday) <u>50</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		BIRTHPLACE (City and state or country) <u>Sedalia Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Walter L. Williams</u>			13b. MOTHER'S MARRIAGE NAME <u>Mary Hatfield</u>		14. NAME OF HUSBAND OR WIFE <u>Opal Williams</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War II</u>		16. SOCIAL SECURITY NO. <u>491-07-5766</u>		17. INFORMANT <u>Mrs Opal Williams</u>		Address <u>1610 W. 18th Sedalia</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>Pulmonary Edema</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Severe Cirrhosis of the liver</u>							
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 Month, Day, Year a.m. 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>Feb. 6, 1959</u> to <u>Apr. 29, 1959</u> and last saw ^{him} alive on <u>Apr. 29, 1959</u> Death occurred at <u>10:05 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Albert Campbell, MD</u>				22b. ADDRESS <u>312 1/2 So. Ohio Sedalia</u>		22c. DATE SIGNED <u>5-1-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-2-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		23d. LOCATION (City, town, or ^{of Missouri} State) <u>Sedalia Mo.</u>		
24. FUNERAL DIRECTOR <u>M^cLaughlin Bros</u>			ADDRESS <u>Sedalia</u>	25. DATE RECD. BY LOCAL REG. <u>5-2-1959</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

doctor, coroner, etc.; most use only standard nomenclature in item 16. No symptoms will be listed. All diseases in Part I must be causally related.

107 1 APT

MAY 12 1959

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 *KPM Lrary*
Licensed Embalmer No. *3153*
P. O. Address *Sodalis, T*

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.