Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017441
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 128 Primary Registration District No. Registrar's No. 541

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Republic — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: King Rest Home — Length of stay in Ib: 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN: Republic — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 390 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Jesse — Middle: Feilden — Last: Williams

4. DATE OF DEATH: Month May, Day 31, Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Nov. 27, 1877

9. AGE (In years last birthday): 81 — 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): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (City and state or country): Litchfield, Ill.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jesse Lee Williams

13b. MOTHER'S MAIDEN NAME: Edna Hilderbrand

14. NAME OF HUSBAND OR WIFE: None

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.: no

17. INFORMANT: Katherine Birrian — Address: Tulsa. Oklan

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): Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Prostatic hypertrophy
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 610X

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 26 May 1959, to 31 May 1959 and last saw her/him alive on 30 May 1959
Death occurred at 12:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Karl Leidinger M.D.
22b. ADDRESS: Republic, Mo.
22c. DATE SIGNED: 6-3-195

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-2-1959
23c. NAME OF CEMETERY OR CREMATORY: Wade Cememtery
23d. LOCATION (City, town, or county) (State): Republic, Mo.

24. FUNERAL DIRECTOR ADDRESS: Candrell-Fossett Republic, Mo.
25. DATE RECD. BY LOCAL REG.: 6-11-59
26. REGISTRAR'S SIGNATURE: Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 William B. Contrer

Licensed Embalmer No. 4820

P. O. Address Republic, M

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.