

Health
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017460
STATE FILE NUMBER

REG. JUN 8 1959 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 104

300
1-57

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Trenton Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1301 Normal		Length of stay in 1b Yrs.	d. STREET ADDRESS (If outside, give location) 1301 Normal Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Joseph Marian Williams			4. DATE OF DEATH Month Day Year 6/1/59
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/19/1873
9. AGE (In years) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker Park (Ret)	11. BIRTHPLACE (City and state or country) Davies Co. Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker Park (Ret)		10b. KIND OF BUSINESS OR INDUSTRY City Of Trenton	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Clinton Williams		13b. MOTHER'S MAIDEN NAME Jane Hobbs	14. NAME OF HUSBAND OR WIFE Mattie Dilley Williams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 493-18-1282	17. INFORMANT Billy G. Williams Address: 1920 E. 8th. Trenton, Mo.
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>Acute Coronary Atherosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Chronic Myocarditis</i> DUE TO (c) <i>+ Arteriosclerosis</i>			
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.) <i>4201</i>	
20c. TIME OF INJURY Hour Month, Day, Year 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>January 1955</i> to <i>6/1/59</i> and last saw ^{her} him alive on <i>May 30 59</i> Death occurred at <i>10:30 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS <i>Trenton Mo</i>	22c. DATE SIGNED <i>6/3/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>6/4/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Maple Grove</i>
		23d. LOCATION (City, town, or county) (State) <i>Trenton, Missouri</i>	
24. FUNERAL DIRECTOR <i>William Gipson</i>		25. DATE RECD. BY LOCAL REG. <i>6/4/59</i>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Charles W. Spoon*

Licensed Embalmer No. *3109*

P. O. Address *Hermitage, Tenn.*

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.