

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020044
STATE FILE NUMBER

HELD JUN 9 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1458

S. 300
1-57

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN CATAWISSA	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Vet. Adm. Hospital		d. STREET ADDRESS (If outside, give location) 136	
Length of stay in 1b 39 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HENRY Middle WESLEY Last WILLIAMS			4. DATE OF DEATH Month 5 Day 25 Year 59			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-4-92		9. AGE (In years at birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) NEVADA, MISSOURI		
12. CITIZEN OF WHAT COUNTRY? USA						

13a. FATHER'S NAME J.F. WILLIAMS		13b. MOTHER'S MAIDEN NAME ADDY HARLES		14. NAME OF HUSBAND OR WIFE MARGARET WILLIAMS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES WW-1		16. SOCIAL SECURITY NO. 491 03 7134		17. INFORMANT Address VA HOSP. RECORDS, JEFFERSON BARRACKS, MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION, OLD			2 years		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE			2 years		
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BENIGN HYPERTROPHY OF PROSTATE					
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 VA Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> 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 4-16-59 to 5-25-59 and last saw him 4200		Death occurred at 9:55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE W. Oppler (Type or title) W. OPPLER, Dir. Prof. Services		22b. ADDRESS M. D. VA HOSP. JEFFERSON BARRACKS, MO.		22c. DATE SIGNED 5-25-59	
--	--	---	--	------------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/28/59		23c. NAME OF CEMETERY OR CREMATORY National Cem.		23d. LOCATION (City, town, or county) (State) Jefferson Bks. Missouri	
--	--	-----------------------------	--	--	--	---	--

24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.		25. DATE RECD. BY LOCAL REG. 5-27-59		26. REGISTRAR'S SIGNATURE J. M. ...	
--	--	--	--	---	--

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

MEDICAL CERTIFICATION

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 *J. W. Humphrey*

Licensed Embalmer No. *4772*

P. O. Address *St. Louis*

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.