

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021046
STATE FILE NUMBER

FILED JUN 30 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 684

300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sarcoxie Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Length of stay in 1b	d. STREET ADDRESS Rural (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last J ASPER BAY WILLIAMS			4. DATE OF DEATH Month Day Year June 22 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 6 1893	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 0 Days 16	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Lawrence Co, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME E. W. Williams	13b. MOTHER'S MAIDEN NAME Mary Charles	14. NAME OF HUSBAND OR WIFE Verla Williams
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Mrs Verla Williams, Sarcoxie, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 24 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive cardiovascular disease	10 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) 4201		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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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
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21. I attended the deceased from **June 9, 1959** to **June 22, 1959** and last saw ^{her}/_{him} alive on **June 22, 1959**
Death occurred at **1:22 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Richard Webb (Degree or title) _____	22b. ADDRESS M.D. 609 Cherry St., Springfield, Mo.	22c. DATE SIGNED 6/23/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-22-59	23c. NAME OF CEMETERY OR CREMATORY Red Oak Cemetery	23d. LOCATION (City, town, or county) (State) La Russell, Missouri. 6-23-59
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24. FUNERAL DIRECTOR Morris Leiman Funeral Home Miller, Missouri ADDRESS	25. DATE RECD. BY LOCAL REG. 6-24-59	26. REGISTRAR'S SIGNATURE Effie B. Melton
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

6961 91 100

Dr. Weiss

6961 91 100
OCT 1 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 *Lewis G. Schaff*

Licensed Embalmer No. 3802

P. O. Address Springfield

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.