

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-60-006026**

FILED VS. FEB 23 1960

137

Primary Registration District No. 3023

Registrar's No. 44

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>		Length of stay in 1b <b>38 Days</b>	c. CITY OR TOWN <b>Urich</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Clinton General Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>RFD. # 2,</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Rolla</b> Middle <b>George</b> Last <b>Williams</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>19,</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 19, 1896</b>	9. AGE (last birthday) <b>63</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>-</b> Hours <b>-</b> Min. <b>-</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Henry Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>George H. Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Roberta G. Allison</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Roberta G. Williams Urich, Mo</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>		<b>40 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Coronary Thrombosis</b>	<b>40 days</b>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Pulmonary Hypertension</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 <b>-</b> a.m. <b>-</b> p.m. <b>-</b>	Month, Day, Year	

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 <b>Urich, Mo.</b>	COUNTY <b>Henry</b>	STATE <b>Mo.</b>
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21. I attended the deceased from **1945** to **Feb. 19, 1960** and last saw her/him alive on **Feb. 17, 1960**  
Death occurred at **2:20 p.m.** on the date stated above, and to the best of my knowledge, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>S. R. Hughes, M.D.</b>	22b. ADDRESS <b>Clinton, Mo.</b>	22c. DATE SIGNED <b>2-20-60</b>
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23a. BURIAL, CREMATION, REMOVAL, (Specify) <b>Burial</b>	23b. DATE <b>2/21/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>White Oak Cem.</b>	23d. LOCATION (City, town, or county) <b>Urich, Mo.</b>	(State) <b>Mo.</b>
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24. FUNERAL DIRECTOR <b>H. A. Bessant, Clinton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Feb. 20, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Biggers</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC. 19 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, W. Va.

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.