

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014505

FILED VS MAY 5 1960 59

STATE FILE NUMBER

Registration District No. 4097 Primary Registration District No. 86 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE <u>Massachusetts</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Harrisonville</u>		Length of stay in 1b <u>44 years</u>	c. CITY OR TOWN <u>Harrisonville</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>906 Butler Drive</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>906 Butler Drive</u>
3. NAME OF DECEASED (Type or print) First <u>MORROE</u> Middle <u>WILLIAMS</u> Last <u>WILLIAMS</u>		4. DATE OF DEATH Month <u>April</u> Day <u>24</u> Year <u>1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 16 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dade Co Mo</u>	9. AGE (last birthday) <u>77</u>
13a. FATHER'S NAME <u>Elijah Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Susan D. Gertman</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-07-9430</u>	17. INFORMANT Name <u>John Williams</u> Address <u>Harrisonville Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 MIN</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CORONARY OCCLUSION</u>		<u>3 MIN</u>	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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	
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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>			
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 COUNTY STATE
21. I attended the deceased from <u>1956</u> to <u>APRIL 24 1960</u> and last saw him alive on <u>APRIL 5 1960</u> Death occurred at <u>APRIL 24 1960</u> on the date stated above to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John Williams MD</u> (Degree or title)		22b. ADDRESS <u>Harrisonville Mo</u>	22c. DATE SIGNED <u>4-26-60</u>
23a. BURIAL INFORMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Apr 26 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>
24. FUNERAL DIRECTOR <u>Wimmerburgis Harrisonville</u> ADDRESS <u> </u>		25. DATE RECD. BY LOCAL REG. <u>Mo April 26 1960</u>	
		26. REGISTRAR'S SIGNATURE <u>Mrs. Gray Sebrae</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Frank E. Runnenberg

Licensed Embalmer No. 5073

P. O. Address Harrisonville

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.