URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-018201

STATE FILE NUMBER

FILED VS JUN 13 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 173

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Length of stay in 1b: 4 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 904 S. Franklin — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Adair
c. CITY OR TOWN: Kirksville — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 904 S. Franklin — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Harry Middle: W. Last: Williams
4. DATE OF DEATH: Month: June Day: 3 Year: 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/21/1900
9. AGE (last birthday): 59
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher of Mathamatics
10b. KIND OF BUSINESS OR INDUSTRY: Education
11. BIRTHPLACE (City and state or country): Pleasant Hill, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Alex K. Williams
13b. MOTHER'S MAIDEN NAME: Mary E. Wilson
14. NAME OF HUSBAND OR WIFE: Frances Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. H. W. Williams — Address: Kirksville

MEDICAL CERTIFICATION

*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)	myocarditis acute	Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	asthma	1 yr
DUE TO (c)	obesity	6 yrs

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 1956, to June 1960 and last saw ~~her~~ him alive on June 4-60
Death occurred at 2:00 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R D Stickler, M.D.
22b. ADDRESS: Kirksville Mo
22c. DATE SIGNED: 6-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/6/1960
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Hille Cemt.
23d. LOCATION (City, town, or county) (State): Pleasant Hill, Mo.

24. FUNERAL DIRECTOR: Davis & Davis — ADDRESS: Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: June 5, 1960
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

AUG 11 1960

R.O. STICKLER, M.D.

VS DEC 6 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.