

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60-022462
STATE FILE NUMBER

FILED VS JUL 5 1960

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 357

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPIAR BLUFF		c. CITY OR TOWN POPLAR BLUFF <i>0124</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION POPIAR BLUFF		d. STREET ADDRESS 913 S. 53 Highway	
Length of stay in lb 4 10 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JOHN ELMER WILLIAMS			4. DATE OF DEATH Month Day Year JUNE 13, 19 60		
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 JUNE 3, 1883	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME MARION GREEN WILLIAMS		13b. MOTHER'S MAIDEN NAME RALDEY PALMER	
14. NAME OF HUSBAND OR WIFE JEWEL PEARLENE WILLIAMS		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. 497-18-1793		17. INFORMANT Address 913 S. 53 Hgy. Jewel Pearlene williams Poplar Bluff,			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 2-3 Weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Malnutrition		
DUE TO (c) 345X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

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 a.m. Month, Day, Year p.m.		

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>June 2</u> to <u>June 13</u> and last saw ^{her} him alive on <u>June 12</u> 19 <u>60</u> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) S. S. Davis M.D.	22b. ADDRESS Poplar Bluff Mo	22c. DATE SIGNED 6-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-15-1960	23c. NAME OF CEMETERY OR CREMATORY 4 Mile Hill Cemetery	23d. LOCATION (City, town, or county) (State) Campbell, Missouri
24. FUNERAL DIRECTOR Lloyd Russell Piggott, Arkansas	25. DATE RECD. BY LOCAL REG. 6/23/60	26. REGISTRAR'S SIGNATURE R. Amelnee	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Hoyd Russell*

Licensed Embalmer No. *509*
P. O. Address *Biggitt Ark*

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.