

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027560

FILED VS. JUL 18 1960 / 82

4296

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 15

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>LINN</u> | a. STATE <u>MO</u> | b. COUNTY <u>LINN</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BROWNING</u> | Length of stay in 1b <u>2 1/2 YR</u> | c. CITY OR TOWN <u>BROWNING</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|---------------------------|--|--|---|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | |
| First <u>EDDIE</u> | Middle <u>GUY</u> | Last <u>WILLIAMS</u> | Month <u>JULY</u> | Day <u>7</u> Year <u>1960</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</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>4-26-1896</u> | 9. AGE (last birthday) <u>64</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GEN. LABOR</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>REGER MO</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>ALONZO WASHINGTON WILLIAMS</u> | 13b. MOTHER'S MAIDEN NAME <u>CORNA MIVERS</u> | 14. NAME OF HUSBAND OR WIFE <u>LETHA PARLEE WILLIAMS</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> | 16. SOCIAL SECURITY NO. <u>486-24-8057</u> | 17. INFORMANT <u>Letha P. Williams Browning</u> |

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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 <u>1 hour</u> |
| IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Coronary Occlusion</u> | |
| | DUE TO (c) | |

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| 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 |
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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 _____ a.m. _____ p.m. 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 <u>Browning</u> COUNTY <u>Linn</u> STATE <u>MO</u> |

21. I attended the deceased from April 16, 1959, to July 7, 1960. Last saw her/him alive on July 7, 1960. Death occurred at 11:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Anton Wilson, D.O.</u> (Degree or title) | 22b. ADDRESS <u>Linneus, Mo.</u> | 22c. DATE SIGNED <u>July 9, 1960</u> |
|--|----------------------------------|--------------------------------------|

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|---|-------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>7-9-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>HENRY</u> | 23d. LOCATION (City, town, or county) (State) <u>MILAN (RURAL) MO</u> |
|---|-------------------------|---|---|

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| 24. FUNERAL DIRECTOR <u>Reggie Fumalton</u> ADDRESS <u>Melvale</u> | 25. DATE RECD. BY LOCAL REG. <u>7-14-1960</u> | 26. REGISTRAR'S SIGNATURE <u>Mo Bardo Kelley</u> |
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DOCUMENT

MEDICAL CERTIFICATION

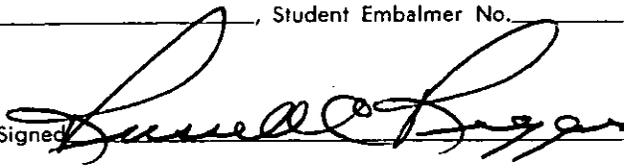
BY AFFIDAVIT OF

JUL 18 1960
JUL 19 1960
JUL 28 1960
AUG 8 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3792

P. O. Address Melrose

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.