

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013214

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 83
 FILED MAY 9 1961

DATE AMENDED

INSTEAD OF

PROCESSED HERE

DOCUMENT

1. PLACE OF DEATH a. COUNTY Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. <i>Repley</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett Rt. 2		Length of stay in 1b	c. CITY OR TOWN Oxley		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin County Boarding Home			Inside Limits Yes <input 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"/>	
3. NAME OF DECEASED (Type or print) First Henry Middle Harrison Last Williamson			4. DATE OF DEATH Month Apr. Day 26- Year 1961		
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 4-10-1887	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Mill Worker		10b. KIND OF BUSINESS OR INDUSTRY Lumber	11. BIRTHPLACE (City and state or country) Wayne County ILL		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Thomas Williamson		13b. MOTHER'S MAIDEN NAME Mary Penrod		14. NAME OF HUSBAND OR WIFE Ruth Williamson	
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. Unknown		17. INFORMANT Address V.O. Williamson Mintern Ark.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)				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 - Month, Day, Year a.m. 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 _____ to _____ and last saw her/him alive on _____. Death occurred at 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Quinton Taryer</i> Quinton Taryer Coroner M.D.			22b. ADDRESS Kennett Mo.		22c. DATE SIGNED 4-28-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-28-1961	23c. NAME OF CEMETERY OR CREMATORY Calvin Crossing Cemetery		23d. LOCATION (City, town, or county) (State) Near Alicia Ark.	
24. FUNERAL DIRECTOR Bryan Funeral Home Hoxie Ark		ADDRESS	25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE 5-1-1961 <i>Emil Hushum</i>		

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 Bob Warden

Licensed Embalmer No. 1110

P. O. Address Hoxie 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.