

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15661

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3096 Registrar's No. 21

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| 1. PLACE OF DEATH a. COUNTY Nevada VERNON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Vernon | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada | |
| c. LENGTH OF STAY (in this place) 29yrs | | d. STREET ADDRESS (If rural, give location) 1525 W. Cherry | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION I525 W. Cherry St. | | | |

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| 3. NAME OF DECEASED (Type or Print) John Allen Williams | | | 4. DATE OF DEATH (Month) (Day) (Year) 5-7th-50 | | |
| 5. SEX 0 Male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1 | |
| 8. DATE OF BIRTH Nov 5th, 1858 | | 9. AGE (In years last birthday) 91 | | 10. IF UNDER 1 YEAR Months 6 Days 2 | |
| 11. IF UNDER 24 HRS. Hours Min. | | 11. BIRTHPLACE (State or foreign country) Kentucky | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) retired | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (State or foreign country) Kentucky | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME Samuel Williams | | 13b. MOTHER'S MAIDEN NAME Mary Williams | | 14. NAME OF HUSBAND OR WIFE Amiasetia Dixon | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME Amiasetia Williams | |
| 17. ADDRESS | | | | | |

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|---|--|---|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis "Age" ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 1 year | |
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|--|--|--|--|---|--|--|--|
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |

22. I hereby certify that I attended the deceased from April 19th 1950 to May 7, 1950 that I last saw the deceased alive on May 6, 1950, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

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|---|--|-------------------|--|---|--|--|--|
| 23a. SIGNATURE C. B. King M.D. | | (Doctor or title) | | 23b. ADDRESS Nevada, Mo | | 23c. DATE SIGNED 5-8-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 24b. DATE 5-10-50 | | 24c. NAME OF CEMETERY OR CREMATORY Appleton City Cemet. | | 24d. LOCATION (City, town, or county) (State) Appleton City, Mo. | |

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| DATE REC'D BY LOCAL REG May 11, 1950 | | REGISTRAR'S SIGNATURE Kathryn H. Vance | | 330 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Eichinger Funeral Home, Nevada, Mo. | |
|--------------------------------------|--|--|--|-----|--|--|--|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1087

RECEIVED - 5-13-50
District Health Officer No. 7,
District File Number 4-50-497
Date Filed 5-13-50

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
Student Embalmer

Signed Mark Eichelberger.....

Licensed Embalmer No. 12656

P. O. Address Nevada, Mo.

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 this body is not embalmed, fact should be so stated above.