

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21157

BIRTH NO. _____ REG. DIST. NO. 5930 PRIMARY REG. DIST. NO. 5930 State File No. _____ Registrar's No. 225

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Hughesville</u>	
c. LENGTH OF STAY in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hughesville</u>		e. STREET ADDRESS <u>0800</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Henry</u> c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 5, 1885</u>
9. AGE (In years last birthday) <u>64</u>	10. IF UNDER 1 YEAR Months <u>6</u>	11. IF UNDER 1 HR. Days <u>15</u>	12. IF UNDER 1 HR. Hours <u>15</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (State or foreign country) <u>Pettis Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Edgar E. Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Ila Bell Sims</u>	
14. NAME OF HUSBAND OR WIFE <u>Nelle Williams</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mo. Nelle Williams - Hughesville</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES ☐ NO ☒		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓✓</u>	
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 ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from _____, 19____, to <u>June 20, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>G. Rhodes, M.D.</u> (Degree or title)		23b. ADDRESS <u>312 1/2 S. Ohio St., Sedalia</u>	
23c. DATE SIGNED <u>6/23/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 23, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) <u>Sedalia</u>		24e. STATE <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-23-50</u>		REGISTRAR'S SIGNATURE <u>W. G. Campbell, M.D.</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>M. Laughlin Bros.</u>		ADDRESS <u>Sedalia</u>	

RECEIVED
DISTRICT HEALTH OFFICE
District File Number _____
Date Filed 7-6-52

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. 3153

P. O. Address _____

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.