

FILED SEP 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25999

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5086 Registrar's No. 86

1. PLACE OF DEATH  
a. COUNTY **Bates**  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural Homer Twp**  
c. LENGTH OF STAY (in this place) **18 yrs**  
d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Bates**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural Walnut Twp**  
d. STREET ADDRESS (If rural, give location) \_\_\_\_\_

3. NAME OF DECEASED  
a. (First) **James** b. (Middle) **William** c. (Last) **Williams**

4. DATE OF DEATH (Month) (Day) (Year)  
**August 26, 1950**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Widowed**

8. DATE OF BIRTH **April 7, 1896**

9. AGE (in years last birthday) **54** IF UNDER 1 YEAR: Months **4** Days **19** IF UNDER 12 HRS. Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**farmer**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country)  
**Green Co. Missouri**

12. CITIZEN OF WHAT COUNTRY?  
**U.S..**

13a. FATHER'S NAME  
**Nathan Williams**

13b. MOTHER'S MAIDEN NAME  
**Lulu May Baxter**

14. NAME OF HUSBAND OR WIFE  
**Nora Williams deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **yes** (If yes, give war or dates of service) **World War I**

16. SOCIAL SECURITY NO.  
**none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Mrs. John Cooper 4243 Tracy K.C.Mo.**

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) **Coronary Occlusion**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Pneumatic Endocarditis**  
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  
**30 Min.**  
**2 yrs.**  
**414X**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY?  
YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_

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) \_\_\_\_\_

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 **Jan 8, 1948**, to **Aug 26, 1950**, that I last saw the deceased alive on **Aug 11, 1950**, and that death occurred at **1A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
**W. S. Schuster D.O.**

23b. ADDRESS  
**Amoret, Mo.**

23c. DATE SIGNED  
**8-26-50**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**burial**

24b. DATE  
**8-28-1950**

24c. NAME OF CEMETERY OR CREMATORY  
**West Union Cemetery**

24d. LOCATION (City, town, or county) (State)  
**Cass Co., Mo.**

DATE REC'D BY LOCAL REG.  
**Aug 30 1950**

REGISTRAR'S SIGNATURE  
**Arnold H. Kony 17**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**ARCHER + MANGOLD Amoret, Mo.**

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

0070

**RECEIVED** 9.6.50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 9.6.50

SEP 12 1950

**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 Embalmer No. ....

Signed.....  
Student Embalmer

Signed R. A. Mangold

Licensed Embalmer No. 361D

P. O. Address Amsterdam 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.