

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 24 1951

State File No. 12064

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3177 Registrar's No. 84

49, 2

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City 0492	
c. LENGTH OF STAY (In this place) 23 Yrs.		d. STREET ADDRESS (If rural, give location) 701 W. Daugherty St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 701 W. Daugherty St.			

3. NAME OF DECEASED (Type or Print) a. (First) Roland b. (Middle) Jasper c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) May 11, 1951		
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5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wiwowed 2	8. DATE OF BIRTH May 11, 1866	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bazeman, Montana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alexander Williams	13b. MOTHER'S MAIDEN NAME Elizabeth Dack	14. NAME OF HUSBAND OR WIFE
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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 ADDRESS Jasper Williams, Webb City, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 4 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Parenchymatous Hepatitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 592x
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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)
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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?
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22. I hereby certify that I attended the deceased from 4-30, 1951, to 5-11, 1951, that I last saw the deceased alive on 5-11, 1951, and that death occurred at 3:00A m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 200	23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 5-11-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE MAY 14, 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Missouri
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DATE REC'D BY LOCAL REG. May 14-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Annce-Simpson, Webb City, Mo.
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RECEIVED 5-22-51

Jasper County Health Office

County File Number 51/5/418

Date Filed 5-22-51

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 *Jack C. Simpson*
Licensed Embalmer No. *4667*

P. O. Address *Webb City, 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.