

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21889

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6260 Registrar's No. 9

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

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WEBSTER</u>	
b. CITY OR TOWN <u>East Dallas</u>		c. CITY OR TOWN <u>DIGGINS MO</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>LEE</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-1-51</u>		
5. SEX <u>M. D.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 1. 1887</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAFE OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CAFE</u>	11. BIRTHPLACE (State or foreign country) <u>WEBSTER COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JAMES MONROE WILLIAMS</u>	13b. MOTHER'S MAIDEN NAME <u>LITMYRA OSBORN</u>	14. NAME OF HUSBAND OR WIFE <u>MARGARET</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Williams</u> ADDRESS <u>Diggins Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute and Chronic Coronary Thrombosis</u> DUE TO (c) <u>Atherosclerosis</u>		
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"/>
------------------------	----------------------------------	--

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) (Min.)	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 May 10, 1949, to JUNE 1, 1951, that I last saw the deceased alive on JUNE 1, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. R. Gile</u> (Degree or title)	23b. ADDRESS <u>P.O. # Seymour Mo</u>	23c. DATE SIGNED <u>6/1/51</u>
--	---------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FORDLAND</u>	24d. LOCATION (City, town, or county) (State) <u>FORDLAND MO</u>
---	-------------------------	--	--

DATE REC'D BY LOCAL REG. <u>6-7-51</u>	REGISTRAR'S SIGNATURE <u>John C. Good</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley Ferrell Bergner</u> ADDRESS <u>Seymour Mo</u>
--	---	--

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 13 1951

Dist. File 637-1324

Date 6-13-51

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 _____

DON G. FERRELL

Student Embalmer No. 397

working under my personal supervision.

Student Don G. Ferrell
Student Embalmer

Signed K K Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.