

FILED AUG 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 27444

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4247 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY Jasper 0490		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 Jasper		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jasper, Mo. 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Daniel	b. (Middle) Miller	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) August 5, 1951
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 2, 1896	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Proprietor	10b. KIND OF BUSINESS OR INDUSTRY Restraunt	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Frank Williams	13b. MOTHER'S MAIDEN NAME Mae Williams	14. NAME OF HUSBAND OR WIFE Willie Sterling Williams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1913-1919	16. SOCIAL SECURITY NO. 487-01-8218	17. INFORMANT'S SIGNATURE OR NAME Mrs. Willie S. Williams	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ 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"/>
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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) 4201
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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 at death 19____, to _____, 19____, that I last saw the deceased alive on 8-5-1951, and that death occurred at 7-2 p.m., from the causes and on the date stated above.

23a. SIGNATURE W.H. Knott M.D.	(Degree or title)	23b. ADDRESS Jasper, Mo.	23c. DATE SIGNED 8-6-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-8-51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Liberty, Missouri
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DATE REC'D BY LOCAL REG. 8-6-51	REGISTRAR'S SIGNATURE L.B. Clinton, M.D.	134	25. FUNERAL DIRECTOR'S SIGNATURE Sharp & Selby	ADDRESS Jasper Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

8/14/57

Jasper County Health Office

County File Number: 51-8-045-

Date Filed: 8/15/57

SEP 12 1957

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 George W. Newcomb

Licensed Embalmer No. 4671

P. O. Address Lockwood, 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.