

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27839**

FILED AUG 27 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **133**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b> <b>0812</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b> <b>0812</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>304 E. First</b>		d. STREET ADDRESS (If rural, give location) <b>304 E. First St.</b> <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ARTHUR</b>	b. (Middle)	c. (Last) <b>WILLIAMS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 8, 1951</b>
---	-------------	---------------------------	--

5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 29, 1882</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 1 HRS. Hours <b>9</b> Min. <b>0</b>
----------------------	---------------------------------	---	---------------------------------------	---	---------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur Retired.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Private family</b>	11. BIRTHPLACE (State or foreign country) <b>St. James, Missouri 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
---	---	--	--

13a. FATHER'S NAME <b>Daniel Williams</b>	13b. MOTHER'S MAIDEN NAME <b>Belle Hodge</b>	14. NAME OF HUSBAND OR WIFE <b>Viola Williams</b>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>492-09-9042</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Otto Simpson, 304 E. 1st, Rolla, Mo.</b>
---	--	--

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis, heart disease</b>		<b>Unknown</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Degenerative Vessel Change</b>		<b>Unknown</b>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Widened aortic area? ? ? dullness + +. Intestine</b>			

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 **22 July 1951**, to **9 Aug, 1951**, that I last saw the deceased alive on **22 July, 1951**, and that death occurred at **9:50 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. V. Evers, M.D.</b>	23b. ADDRESS <b>Rolla, Mo.</b>	23c. DATE SIGNED <b>8 Aug 1951</b>
---	--------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 10, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rolla</b>	24d. LOCATION (City, town, or county) (State) <b>Rolla, Missouri</b>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>Aug 21, 1951</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>1100 Elm, Rolla, Mo.</b>
--	--	--

(Licensed Embalmers' Sealment on Reverse Side)

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

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.....

*Jerry D. Doane*  
.....  
working under my personal supervision.

Student Embalmer No. .... *357* .....

Signed *Jerry D. Doane*  
.....  
Student Embalmer

Signed *J. J. Ballou*  
.....

Licensed Embalmer No. *3643* .....

P. O. Address *Jolla, 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.