

FILED NOV 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38844**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 4201 Registrar's No. 1025

1. PLACE OF DEATH
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Republic

c. LENGTH OF STAY (in this place) 1 Month

c. CITY OR TOWN Republic Rural

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION North Main Street

e. STREET ADDRESS (If rural, give location) Hy 166 1/2 Mile West Republic

3. NAME OF DECEASED
a. (First) JAMES b. (Middle) ALLEN c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 20, 1962

9. AGE (In years last birthday) 90

IF UNDER 1 YEAR Months 11 Days 22

IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Mixed Crops

11. BIRTHPLACE (City and State or Foreign Country) Gainesboro, Tennessee

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

13a. FATHER'S NAME James Williams

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Martha Thurman Williams

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. No

17. INFORMANT'S SIGNATURE OR NAME Harold Williams ADDRESS Jefferson City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio-sclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. prostatic carcinoma

INTERVAL BETWEEN ONSET AND DEATH 4 hours

24 year

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201 H

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) m.

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 11-3, 1953, to 11-11, 1953, that I last saw the deceased alive on 11-11, 1953 and that death occurred at 1:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R.C. Mitchell D.O.

23b. ADDRESS Republic, Missouri

23c. DATE SIGNED Nov. 12, 53

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

24b. DATE 11/14/53

24c. NAME OF CEMETERY OR CREMATORY Wade Chapel Cemetery

24d. LOCATION (City, town, or county) (State) Republic, Missouri

DATE REC'D BY LOCAL REG. 11-12-53 REGISTRAR'S SIGNATURE Earl Williamson

25. FUNERAL DIRECTOR'S SIGNATURE Max L. Fawcett ADDRESS Republic, Mo.

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John L. Mc Nab

Licensed Embalmer No.... 4635

P. O. Address.. Republic... Mi.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.