THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 27 1953

State File No. 39472

BIRTH NO. 79527 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 520

1. PLACE OF DEATH

a. COUNTY: Jasper

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

c. LENGTH OF STAY (in this place): All life

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri. b. COUNTY: Jasper

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin

d. STREET ADDRESS (If rural, give location): 303 North Byers

0495

3. NAME OF DECEASED (Type or Print)

a. (First): Jefrey b. (Middle): Kent c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): 11 17 1953

5. SEX: Male

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: 11-16-1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 6 Min. 43

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

10b. KIND OF BUSINESS OR INDUSTRY: Never worked

11. BIRTHPLACE (State or foreign country): St. Johns Hosp. Joplin Mo.

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

13a. FATHER'S NAME: Bobby J. Williams

13b. MOTHER'S MAIDEN NAME: Michaeline McKay

14. NAME OF HUSBAND OR WIFE: Never Married

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

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Atelectasis

INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Premature 10 wks

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

7625

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* Nov. 16, 1953, *to* Nov: 17, 1953, *that I last saw the deceased alive on* 16 Nov, 1953, *and that death occurred at* 1:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Y Powell M.D.

23b. ADDRESS: Galena, Kansas

23c. DATE SIGNED: 17 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11-18-53

24c. NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery

24d. LOCATION (City, town, or county) (State): Galena Kansas

DATE REC'D BY LOCAL REG.: 11-18-53

REGISTRAR'S SIGNATURE: Ed D. James 138 by Dolores Lampkins Dr.

25. FUNERAL DIRECTOR'S SIGNATURE: Roy L. Derfelt

ADDRESS: Galena, Kansas

(Licensed Embalmer's Statement on Reverse Side) #1132

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT

RECEIVED NOV 25 1953
Jasper County Health Office
County File Number 939
Date Filed NOV 25 1953

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 DERFELT FUNERAL HOME working under my personal supervision.

Student Embalmer No. 484

Signed Roy L. Derfelt
Student Embalmer

Signed J. Lance Wene

Licensed Embalmer No. 2880 m

P. O. Address Baxter Spgs Ke

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.