FILED MAY 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14741

BIRTH NO. _____ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 6282 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macomb
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Macomb

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macomb
d. STREET ADDRESS (If rural, give location): 1140 O

3. NAME OF DECEASED (Type or Print)
a. (First): HARMEY
b. (Middle): SAMSON
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): 4-16-54

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 4, 1898
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 8, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Cafe
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Sydney Williams
13b. MOTHER'S MAIDEN NAME: Cordie Miles
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Harold Williams — **ADDRESS**: Macomb, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

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

DUE TO (b)

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: 1/20/
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* 4/15, 1954, *to* 4/16/54, 19___, *that I last saw the deceased alive on* 4/15, 1954, *and that death occurred at* 4:15 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: V.O. Zimmerman — (Degree or title): D.O.
23b. ADDRESS: Mansfield Mo
23c. DATE SIGNED: 4/21/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/18/54
24c. NAME OF CEMETERY OR CREMATORY: Mansfield Cemetery
24d. LOCATION (City, town, or county) (State): Mansfield, Missouri

DATE REC'D BY LOCAL REG.: 4/23/54
REGISTRAR'S SIGNATURE: Mrs A.R. Worsham 1347
25. FUNERAL DIRECTOR'S SIGNATURE: Nelson L. Ferrell — **ADDRESS**: Mansfield, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 23 1954
WRIGHT CO. HEALTH DEPT.
County File Number 554-50
Date Filed 5-1-54

MAY 2 1954

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 Don G. Ferrell

Licensed Embalmer No. 4847

P. O. Address Mansfield, Mo.

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

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