

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11656**  
Registrar's No. **35**

FILED APR 25 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **5483**

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

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b>	c. LENGTH OF STAY (in this place) <b>9 yr</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>County Home</b>		d. STREET ADDRESS (If rural, give location) <b>4710</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Arthur</b>	b. (Middle) <b>Williamson</b>	c. (Last) <b>Williamson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4-18-55</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>11-19-1883</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>29</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>	11. BIRTHPLACE (State or foreign country) <b>Harrison County Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Tom Williamson</b>	13b. MOTHER'S MAIDEN NAME <b>Ida Shockley</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>76</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Carl Nickerson</b>	ADDRESS <b>Bethany Mo</b>
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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		INTERNAL BETWEEN ONSET AND DEATH <b>5 min.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</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 <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **2-2-1953** to **4-10-1955**, that I last saw the deceased alive on **4-12-1955**, and that death occurred at **12:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Gullert H. Thivierge</b>	23b. ADDRESS <b>504 Bethany Mo</b>	23c. DATE SIGNED <b>4-19-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-20-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Miriam</b>	24d. LOCATION (City, town, or county) (State) <b>Bethany Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4/19/55</b>	REGISTRAR'S SIGNATURE <b>Zola Burris</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>M. J. Lane</b>	ADDRESS <b>Bethany Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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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 *YMBL Jace*

Licensed Embalmer No. *3899*

P. O. Address *Bethany, 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.