

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37247

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 487

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>	
c. LENGTH OF STAY (In this place) <b>YRS</b>		d. STREET ADDRESS (If rural, give location) <b>1829 VIRGINIA AVE.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1829 VIRGINIA AVE.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b>		b. (Middle) <b>(FRED)</b>	
		c. (Last) <b>WILLIAMS</b>	
4. DATE OF DEATH <b>NOV. 19, 1955</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 25, 1884</b>
10a. USUAL OCCUPATION (Give kind of work - done during most of working life, even if retired) <b>EMPLOYE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILWAY EXPRESS</b>	9. AGE (In years last birthday) <b>71</b>
		11. BIRTHPLACE (State or foreign country) <b>KANSAS CITY, KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>BENJAMIN FRANK WILLIAMS</b>		13b. MOTHER'S MAIDEN NAME <b>CURRIE GRAHAM</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. VERNAL WILLIAMS</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNK</b>		16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. VERNAL WILLIAMS, 1829 VIRGINIA</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hodgkins Disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>  ANTECEDENT CAUSES Morbidity 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. <b>201X</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) (Minute)	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 <b>7-23, 1955</b> , to <b>11-19, 1955</b> , that I last saw the deceased alive on <b>11-18, 1955</b> , and that death occurred at <b>7:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. Schueler</b>		23b. ADDRESS <b>Joplin Mo</b>	
		23c. DATE SIGNED <b>11-22</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11-22-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>11-25-55</b>	REGISTRAR'S SIGNATURE <b>by Walter Sampkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	
ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
Jasper County Health Office  
County File Number 55-11-802  
NOV 28 1955  
Date Filed

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 3319

P. O. Address Joplin Mo

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

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