No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39614

State File No.

FILED JAN 10 1956

BIRTH NO. REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5076 Registrar's No. 1

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

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Richland
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 miles N.E. of Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Richland
d. STREET ADDRESS (If rural, give location): 5 miles N.E. of Jasper

2060
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3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Earl
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): Dec. 31, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 12, 1909
9. AGE (In years last birthday): 46 — If under 1 year: Months / Days — 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: Agriculture
11. BIRTHPLACE (City and State or Foreign Country): Lamont, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Williams
13b. MOTHER'S MAIDEN NAME: Rena Elswick
14. NAME OF HUSBAND OR WIFE: Lucille Hodgson Williams

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.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Lucille Williams, Jasper, 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: 13 days

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.* Ate milk and fish the day before death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
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* 12-18, 1955, *to* 12-31, 1955, *that I last saw the deceased alive on* 12-31, 1955, *and that death occurred at* 11:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Darwin Magee D.O.
23b. ADDRESS: Jasper Mo.
23c. DATE SIGNED: 1-3-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 4, 1956
24c. NAME OF CEMETERY OR CREMATORY: Lamont
24d. LOCATION (City, town, or county) (State): Lamont, Oklahoma

DATE REC'D BY LOCAL REG.: Jan 3-1956
REGISTRAR'S SIGNATURE: Hazel M. Pugh
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sharp & Selvey, Jasper, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Lawrence L. Sharp

Licensed Embalmer No. 4922

P. O. Address Harper, 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.