

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24160

State File No.

 BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 313

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY OR TOWN LaRussell		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hosp.		e. STREET ADDRESS (If rural, give location) LaRussell, Mo.		0490/1	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Lula	b. (Middle) M.	c. (Last) Williams	(Month) July	(Day) 13	(Year) 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 7, 1901	9. AGE (In years last birthday) 54	if UNDER 1 YEAR Months if UNDER 2 HRS. Hours if UNDER 15 Mins. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Sarcoxie, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Walter Williams		13b. MOTHER'S MAIDEN NAME Meda Palmer		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 date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Meda Williams-Larussell, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Pulmonary Infarction			6 hours
ANTECEDENT CAUSES		DUE TO (b) Stone in Left Right Kidney			2 yrs
		DUE TO (c) Post-operative complications			8 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		obesity			

19a. DATE OF OPERATION 7-5-56		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, laboratory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin, Jasper Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 6-26, 1956, to 7-13, 1956, that I last saw the deceased alive on 7-13, 1956, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles S. Paddock M.D.		23b. ADDRESS Joplin, Missouri		23c. DATE SIGNED 7/17/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 17, 56		24c. NAME OF CEMETERY OR CREMATORY Harvey Cemetery	
24d. LOCATION (City, town, or county) (State) Jasper, County, Missouri		DATE REC'D BY LOCAL REG. 7-20-56			
REGISTRAR'S SIGNATURE Doug Merriam		25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home, Carthage, Mo.			

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

5260

County File Number 56-2-593

Date Filed JUL 23 1956

JUL 25 1956

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.....
Signature of Student Embalmer

Signed.....
Edna C. [Signature]

Licensed Embalmer No.....

P. O. Address.....
Centerville

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.