FILED AUG 15 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24766

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: St Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City
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): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo.
b. COUNTY: St Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City
d. STREET ADDRESS (If rural, give location): -----

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Thomas
c. (Last): Williamson

4. DATE OF DEATH (Month) (Day) (Year): Aug.-9-1956

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct.-5-1876

9. AGE (In years last birthday): 79 | 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): Minister

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Grant City, Mo;

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas A. Williamson

13b. MOTHER'S MAIDEN NAME: Ella Thompson

14. NAME OF HUSBAND OR WIFE: Francis Williamson

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 / ADDRESS: Dale Williamson, Appleton City

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) ACUTE PULMONARY EDEMA — | INTERVAL BETWEEN ONSET AND DEATH: 2 HOURS

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: —

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): —

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* May, 1956, *to* Aug 9, 1956, *that I last saw the deceased alive on* Aug 9, 1956, *and that death occurred at* 10:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. H. Brownsberger MD

23b. ADDRESS: Appleton City Mo.

23c. DATE SIGNED: Aug 10 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug.-12-1956

24c. NAME OF CEMETERY OR CREMATORY: Harmony Cemetery

24d. LOCATION (City, town, or county) (State): 5 miles S.W. Ohio, Mo.

DATE REC'D BY LOCAL REG.: Aug. 12, 1956

REGISTRAR'S SIGNATURE: Ola Abney

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Melvin L. Jamison Appleton City

(Licensed Embalmer's Statement on Reverse Side)

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

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 Melvin L. Janssen

Licensed Embalmer No. 4529

P. O. Address Appleton City

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

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