Health, Welfare Public Service

300 1-56

FILED OCT 22 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33618

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Gentry	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stanberry — Inside Limits Yes X No ☐	c. CITY OR TOWN Gentry — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION on street — Length of stay in Hospital 30 min.	d. STREET ADDRESS (If outside, give location) 380 — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Charles	Middle: Nichalas	Last: Williamson	4. DATE OF DEATH Month: Sept Day: 17 Year: 1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Feb 15, 1904	9. AGE (In years last birthday) 52 — IF UNDER 1 YEAR: Months 7 Days 2 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Osteopath	10b. KIND OF BUSINESS OR INDUSTRY Doctor of Osteopath	11. BIRTHPLACE (City and state or country) Gentry, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Charles N. Williamson		14. MOTHER'S MAIDEN NAME Saphornia Staton		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Muriel Williamson	Address: Gentry, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Myocardial Infarction — 10 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 17, to Sept 17 and last saw her/him alive on Sept 17-1956

Death occurred at 12:30pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. J. Mulligan (Degree or title) D.O.

22b. ADDRESS Stanberry Mo

22c. DATE SIGNED 9-19-56

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Sept 19, 56	23c. NAME OF CEMETERY OR CREMATORY Carmack	23d. LOCATION (City, town, or county) Gentry Co.	(State) Missouri
24. FUNERAL DIRECTOR Clifford Borrks	ADDRESS Albany, Mo.	25. DATE RECD. BY LOCAL REG. Oct 20-1956	26. REGISTRAR'S SIGNATURE Maude Williams	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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VS APR 30 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....me...., Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed Donald E. Cochell

Licensed Embalmer No. 486

P. O. Address Albany, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.