

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42461

State File No.

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4431</u>		Registrar's No. <u>171</u>	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dixon, Missouri		c. LENGTH OF STAY (in this place) 1 hr.		c. CITY OR TOWN Swedeborg, Mo		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION None.				e. STREET ADDRESS (If rural, give location) None.			
3. NAME OF DECEASED (Type or Print)		a. (First) David		b. (Middle) Henry		c. (Last) Williams	
4. DATE OF DEATH		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec. 19, 1897		9. AGE (In years last birthday) 58		10. UNDER 1 YEAR Months 12 Days 13		11. UNDER 24 HRS. Hours 1956	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frisco Railroad.				10b. KIND OF BUSINESS OR INDUSTRY None.		11. BIRTHPLACE (City and State or Foreign Country) Swedeborg, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Charles H. Williams			
13b. MOTHER'S MAIDEN NAME Molly Carmack				14. NAME OF HUSBAND OR WIFE Cressie York			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.				16. SOCIAL SECURITY NO. 702-03-9398		17. INFORMANT'S SIGNATURE OR NAME Kathleen Starmer Swedeborg, 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 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. INTERVAL BETWEEN ONSET AND DEATH 10 MIN			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒		4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on railroad near		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dixon, Missouri Pulaski		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) on 12/13, 1956 at 9:15 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~~ on 12/13, 1956 to 9:15 a to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) B. H. Hedges County Coroner.		23b. ADDRESS Richland, Missouri		23c. DATE SIGNED 12/14/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/15/56		24c. NAME OF CEMETERY OR CREMATORY Manes Cemetery		24d. LOCATION (City, town, or county) (State) Richland, Missouri Rural	
DATE REC'D BY LOCAL REG. 12-15-56		REGISTRAR'S SIGNATURE Paula Grace Anderson		25. FUNERAL DIRECTOR'S SIGNATURE B. H. Hedges ADDRESS Hedges Funeral Home Richland, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12-15-56
Quasick County Health Officer
File Number 171
Date Filed 12-15-56

DEC 18 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.....
Vance Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville

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.