

FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21570

STATE FILE NUMBER

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 282

300
-57
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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, give TOWNSHIP only) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA ST. JOHN'S HOSP.		Length of stay in lb 2 YRS	
3. NAME OF DECEASED (Type or print) First WALTER Middle F. Last WILLIAMS		4. DATE OF DEATH Month JUNE Day 8 Year 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 21, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DEISEL ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY SINCLAIR OIL CO.	11. BIRTHPLACE (City and state or country) TIFF CITY, MO.
13a. FATHER'S NAME WILLIE WILLIAMS		13b. MOTHER'S MAIDEN NAME RACHEL SMITH	14. NAME OF HUSBAND OR WIFE GENEVA WILLIAMS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT MRS. GENEVA WILLIAMS, 2803 E. 18TH
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolus DUE TO (b) Ca. of lung (left bronchus) 18 years DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a), (b), or (c). 163X			INTERVAL BETWEEN ONSET AND DEATH 20 min
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 163X	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from June 8, 1957 to June 8, 1957 and last saw him alive on 11:20 pm Death occurred at 11:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. H. D.		22b. ADDRESS FRISCO BLDG., JOPLIN, MO.	
22c. DATE SIGNED 6-12-57			
23a. BURIAL, CREMATION, OR REPOYAL (Specify) BURIAL		23b. DATE 6-11-57	
23c. NAME OF CEMETERY OR CREMATORY DIAMOND CEMETERY,		23d. LOCATION (City, town, or county) (State) DIAMOND, MISSOURI	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 6-13-1957	
26. REGISTRAR'S SIGNATURE Dove Merriam			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no diseases in Part I must be causally related.

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DEC 11-1957

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 *J. M. Jones*

Licensed Embalmer No. 2319

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