

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23482
STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		c. CITY OR TOWN Lamar	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Potts Nursing Home		d. STREET ADDRESS (If outside, give location) Orle	
3. NAME OF DECEASED (Type or print) First FRED Middle CLARENCE Last WILLIAMS		4. DATE OF DEATH Month July Day 14 Year 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 14 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Painter & Paper hanger.		11. BIRTHPLACE (City and state or country) Rush Creek, Indiana	
13a. FATHER'S NAME James R. Williams		14. NAME OF HUSBAND OR WIFE Laura Beason Williams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No xxx		17. INFORMANT Kenneth Williams, Lamar, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-Vascular accident		INTERVAL BETWEEN ONSET AND DEATH Mar 25, 1957	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Severe changes mentally due to disease.		19. WAS AUTOPSY PERFORMED? 331X YES <input type="checkbox"/> NO <input type="checkbox"/>	
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.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 Death occurred at March 25 1957 11:15 am		and last saw him alive on July 14, 1957 at 7/14/57 m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Allen T. Buchel, MD		22b. ADDRESS Lamar, Missouri	
22c. DATE SIGNED 7/15/57		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE July 17 '57		23c. NAME OF CEMETERY OR CREMATORY Lake	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Mo.	
25. DATE RECD. BY LOCAL REG. JUL 17 '57		26. REGISTRAR'S SIGNATURE Marie Konantz	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Carl J. Kowantz*

Licensed Embalmer No. *2247*
P. O. Address *Hamam, N*

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.