

Use only black ink or ribbon typewrite if possible. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25217
STATE FILE NUMBER

FILED JUL 23 1957

Registration District No. 170 Primary Registration District No. 5626 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY Laclede.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Crocker, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Long's Nursing Home			Length of stay in lb 24 days	d. STREET ADDRESS (If outside, give location) None.	
3. NAME OF DECEASED (Type or print) First James Middle Franklin Last Williams			4. DATE OF DEATH Month July Day 16 , Year 1957		
5. SEX Male	6. COLOR OR RACE White.	7. MARRIED: <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 22, 1874	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and state or country) Richland, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Finis Williams.			14. MOTHER'S MAIDEN NAME Margaret. Ogle.		
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. None.	17. INFORMANT Address Mrs. Rose Greer Crocker, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Paralytic Stroke					INTERVAL BETWEEN ONSET AND DEATH 10 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardiac Decompensation					30 Min.
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 WORK <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 July 8, 1957 to July 16, 1957 and last saw her alive on July 16, Death occurred at 9:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. Bohrer (Degree or title) D.O.			22b. ADDRESS 117N. Jefferson, Lebanon, Mo.		22c. DATE SIGNED 7-18-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/16/57	23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cem.		23d. LOCATION (City, town, or county) (State) Crocker, Missouri	
24. FUNERAL HOME OR ADDRESS Hedges Funeral Home Crocker, Mo		25. DATE RECD. BY LOCAL REG. 7-18-1957	26. REGISTRAR'S SIGNATURE Hella L. Way		

Received

7-22-57

Laclede County Health Unit

File No.

117

Date Filed

7-22-57

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 *Clarence E. Mess*.....

Licensed Embalmer No. 48

P. O. Address Waynesville

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