

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31335**

FILED OCT 11 1957

BIRTH NO. _____		REG. DIST. NO. <u>102</u>		PRIMARY REG. DIST. NO. <u>54/6</u>		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Dunklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>Days</u>		c. CITY OR TOWN <u>Cardwell</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bufflo</u>				e. STREET ADDRESS (If rural, give location) <u>Route #1</u>				<u>Bufflo</u> <sup>0350</sup>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>			b. (Middle) <u>Edgar</u>			c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-24-1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-9-1873</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nashville, Tenn</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Malinda Williams</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ella K. Campbell</u> <u>Smith Mo.</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION											
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>											
		ANTECEDENT CAUSES											
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (b) <u>Coronary occlusion</u>						
		DUE TO (c) <u>Myocardial infarction</u>											
II. OTHER SIGNIFICANT CONDITIONS										INTERVAL BETWEEN ONSET AND DEATH			
Conditions contributing to the death but not related to the disease or condition causing death.													
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>56</u> , to <u>Sept</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>22 Sept</u> , 19 <u>57</u> , and that death occurred at <u>2:00 A.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Mr. L. J. ...</u>						23b. ADDRESS <u>Cardwell Mo.</u>				23c. DATE SIGNED <u>16 Sept 57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-26-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ru Ru Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Senath Pott #1 Mo.</u>					
DATE REC'D BY LOCAL REG. <u>10-8-1957</u>		REGISTRAR'S SIGNATURE <u>Edna Hellmuth</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Emerson ...</u>				ADDRESS <u>Jonesboro, Ark.</u>			

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

5390

108713  
RECEIVED DUNKLIN COUNTY H  
DEPARTMENT 9-10-9-  
COUNTY FILE NUMBER 1057.

**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. J. [Signature]*  
.....

Licensed Embalmer No. 825

P. O. Address *Washington, Pa.*

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.