

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1957

36951

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 135

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, give TOWNSHIP only) OR TOWN Waynesville, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Crocker, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hosp. Length of stay in 1b 2 wks.		d. STREET ADDRESS None. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles. Middle Clifford Last Williams.		4. DATE OF DEATH Month 11 Day 3 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 Sept 12/1893
9. AGE (In years last birthday) 64		10. 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, Mo.		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) Yes. (If yes, give year or dates of service) World War I		16. SOCIAL SECURITY NO. 498-18-1920	
17. INFORMANT Rose Greer Crocker, Missouri		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, hypostatic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial insufficiency. DUE TO (c) 		INTERVAL BETWEEN ONSET AND DEATH 4 days 2 yst.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4222		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 _____ to _____ and last saw her alive on _____ Death occurred at 3:30 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert M. P.		22b. ADDRESS Crocker, Missouri	
22c. DATE SIGNED 11-5-57			
23a. BURIAL CREMATION REMOVAL (Specify) Burial		23b. DATE 11/5/57	
23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cemet.		23d. LOCATION (City, town, or county) (State) Crocker, Mo	
24. FUNERAL HOME OR ADDRESS Hodges Funeral Home Crocker, Mo		25. DATE RECD. BY LOCAL REG. 11-5-57	
26. REGISTRAR'S SIGNATURE Carla Greer Anderson			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-9-57
Pulaski County Health Officer
File Number 11-5-57
Date Filed 11-5-57

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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 Moss*

Licensed Embalmer No. *4890*

P. O. Address *Raynsville*

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.