

Health,
& Welfare
S. Public
Health Service

STANDARD CERTIFICATE OF DEATH

43390
STATE FILE NUMBER
Registrar's No. 122

FILED DEC 31 1957

Registration District No. 4 Primary Registration District No. 4016

S. 300
v. 1-57/

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| 1. PLACE OF DEATH a. COUNTY Atchison | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tarkio | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Tarkio | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION | Length of stay in lb 25 yrs | d. STREET ADDRESS (If outside, give location) | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last HARVEY LEE WILLIAMS | 4. DATE OF DEATH Month Day Year Dec. 16 1957 |
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|----------------|---------------------------|---|-----------------------------------|---------------------------------------|--|---------------------------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 23, 1901 | 9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Months Days 1 23 | IF UNDER 24 HRS. Hours Min. 0 0 |
|----------------|---------------------------|---|-----------------------------------|---------------------------------------|--|---------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) operator of truck line | 10b. KIND OF BUSINESS OR INDUSTRY own line | 11. BIRTHPLACE (City and state or country) Fairfax, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME William H. Williams | 13b. MOTHER'S MAIDEN NAME Emma Bogard | 14. NAME OF HUSBAND OR WIFE Pearl Marie Williams |
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| 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. 195-38-9818 | 17. INFORMANT Bud Williams | Address Tarkio, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized carcinomatosis</i> <i>carcinoma of the sigmoid colon</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | INTERVAL BETWEEN ONSET AND DEATH 153X | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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.) |
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| 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 |
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| 21. I attended the deceased from <u>9/10/50</u> to <u>12/16/57</u> and last saw him alive on <u>12/16/57</u> Death occurred at <u>503</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <i>W. W. Weyer</i> (Degree or title) | 22b. ADDRESS Tarkio, Mo. | 22c. DATE SIGNED 12/17/57 |
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|---|-----------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 12/18/57 | 23c. NAME OF CEMETERY OR CREMATORY Home Cemetery | 23d. LOCATION (City, town, or county) (State) Tarkio Mo. |
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| 24. FUNERAL DIRECTOR Davis Funeral Home | ADDRESS Tarkio, Mo. | 25. DATE RECD. BY LOCAL REG. Dec 24, 1957 | 26. REGISTRAR'S SIGNATURE <i>Marvin H. Schaefer</i> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

443

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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 *Frost A. Browning*.....

Licensed Embalmer No. 3338.....
P. O. Address Tarkio, 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.