

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1665

State File No.

FILED JAN 29 1958

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>OKLAHOMA</u> b. COUNTY <u>OTTAWA</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>4-37</u> <u>PICHER</u>	
c. LENGTH OF STAY (in this place) <u>SINCE 12-</u>		d. STREET ADDRESS (If rural, give location) <u>405 East F Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HYACINTH</u> b. (Middle) <u>CRYSTAL</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 9, 1958</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 29, 1904</u>	
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u>	IF UNDER 1 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Webb City, Missouri</u>	
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>unk</u>		13b. MOTHER'S MAIDEN NAME <u>unk</u>		14. NAME OF HUSBAND OR WIFE <u>Joe H. 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. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe H. Williams Picher, Okla.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute yellow atrophy of liver</u>			DUE TO (b) <u>Common duct stone</u>		<u>4 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Cholelithiasis 584X 10 yrs.</u>			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Perforation of duodenum due to poor healing incident to 1a. 36 hrs.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Cholelithiasis, C.D. stone, bile stasis, hepatic atrophy</u>			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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)		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 19, to 1-9-, 1958, that I last saw the deceased alive on 19, and that death occurred at 11:00 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Joplin, Mo.</u>		23c. DATE SIGNED <u>1-9-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-9-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GAR</u>	
		24d. LOCATION (City, town, or county) (State) <u>Miami Ottawa Okla.</u>			

DATE REC'D BY LOCAL REG <u>Jan 21-58</u>		REGISTRAR'S SIGNATURE <u>Doris Merriam</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul Thomas Funeral Home-Picher, Okla.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 11 1959

RECEIVED
Jasper County Health Office
County File Number 58-1-80
Date Filed JAN 27 1958

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 _____

working under my personal supervision.

Student Embalmer No.

Signed [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address [Signature]

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 this body is not embalmed, fact should be so stated above.