

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010669
STATE FILE NUMBER

FILED APR 2 1958

Registration District No. 195 Primary Registration District No. - Registrar's No. 34-58

4

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lanagan</u>		c. CITY OR TOWN <u>Noel</u> <u>0600</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lanagan Nursing Home I mo</u>		d. STREET ADDRESS (If outside, give location) <u>City</u>	
3. NAME OF DECEASED (Type or print) First <u>HENRY LEWIS</u> Middle <u>WILLIAMS</u> Last <u></u>		4. DATE OF DEATH Month <u>3*</u> - Day <u>18</u> - Year <u>58</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 8, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Edgeton, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Chas. T. Williams</u>	
14. MOTHER'S MAIDEN NAME <u>Emma McKnight</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> <u>None</u>	
16. SOCIAL SECURITY NO. <u>499-16-7354</u>		17. INFORMANT Address <u>Jess Williams Noel, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Gangrene</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Peripheral Vascular Disease</u> DUE TO (c) <u>Cardiac Embolus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 wks</u>
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.) <u>2</u>	
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Feb. 1958</u> to <u>Mar. 1958</u> and last saw her alive on <u>Mar. 18, 58</u> <u>11:30 p</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
21. I attended the deceased from <u>Feb. 1958</u> to <u>Mar. 1958</u> and last saw her alive on <u>Mar. 18, 58</u> Death occurred at <u>11:30 p</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>[Signature]</u> <u>M.O.</u>	
22b. ADDRESS <u>Noel, Mo</u>		22c. DATE SIGNED <u>3/24/58</u>	
23a. BURIAL, CREMATION, or other disposition (Specify) <u>Burial</u>	23b. DATE <u>3-20-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Noel Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Noel, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Humphrey & Son Noel, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>March 24, 1958</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

APR 9 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, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. M. Humphrey*
Licensed Embalmer No. 42

P. O. Address *Trout*

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.