Health, Welfare Public Service

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1-57

FILED APR 15 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-010687
STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 5731 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Macon	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Macon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) ~~Ethel~~ White Twp. Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Ethel, 0610 Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Length of stay in lb 31 years	d. STREET ADDRESS (If outside, give location) Route #1, 0 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Alonzo Middle Last Williams		4. DATE OF DEATH Month April Day 6, Year 1958	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH Feb.11, 1885
9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 1 Days 25	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and state or country) Ethel, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Luther Williams	13b. MOTHER'S MAIDEN NAME Mary Ratliff	14. NAME OF HUSBAND OR WIFE Nallie Williams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. 491-42-3922	17. INFORMANT Address Nallie Williams, Rt.1, Ethel, Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 10 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) arteriosclerosis

DUE TO (c) Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 4-5-58, to 4-6-58 and last saw him alive on 4-5-58
Death occurred at 6:45 a.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. A. Dwelbess D.O. 2	22b. ADDRESS Bucklin mo	22c. DATE SIGNED 4-7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 8, 1958	23c. NAME OF CEMETERY OR CREMATORY Helton Cemetery
23d. LOCATION (City, town, or county) (State) Goldsberry, Missouri		
24. FUNERAL DIRECTOR ADDRESS Larson Funeral Service, Bucklin, Mo.	25. DATE RECD. BY LOCAL REG. Apr. 8, 1958	26. REGISTRAR'S SIGNATURE ~~4/8/58~~ Beth McNeely

(Licensed Embalmer's Statement on Reverse Side)

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 causally related.

JUL 7 1958

Date Filed 4.14.58

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 E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.