

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018746  
STATE FILE NUMBER

FILED MAY 20 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 239

300  
-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN 0495
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b 55 YRS	d. STREET ADDRESS ZAHN APTS. (If outside, give location) 320 WALL STREET
3. NAME OF DECEASED (Type or print) First Middle Last BESSIE DELORES WILLIAMS			4. DATE OF DEATH Month Day Year MAY 12, 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 28, 1885
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESLADY AND		10b. KIND OF BUSINESS OR INDUSTRY NEWMAN'S DEPT STORE	11. BIRTHPLACE (City and state or country) ALTAMONT, KS.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME BUYER. UNK.	13b. MOTHER'S MAIDEN NAME UNK.
14. NAME OF HUSBAND OR WIFE JAMES C. WILLIAMS, 4-12-		DEC'D	
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.	17. INFORMANT Address MRS. THELMA GOHEEN, 3402 MOFFET AVE. 47
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>Toxemia</u> DUE TO (b) <u>Liver abscess</u> DUE TO (c) <u>Cholelithiasis with cholecystitis</u> 584X 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 one month Jan. 1958
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.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year 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
21. I attended the deceased from <u>January 24, 1958</u> to <u>May 12, 1958</u> and last saw her <u>alive</u> on <u>May 11, 1958</u> Death occurred at <u>May 12, 1958</u> <u>6</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Raymond D. Metcher</i> (Degree or title)		22b. ADDRESS 607 F-R-L Bldg. Joplin, Missouri	22c. DATE SIGNED 5-12-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5-15-58	23c. NAME OF CEMETERY OR CREMATORY ALTAMONT CEMETERY,
		23d. LOCATION (City, town, or county) (State) ALTAMONT, KANSAS	
24. FUNERAL DIRECTOR ADDRESS STEWIE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 5-14-58	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *F. M. Jones* .....

Licensed Embalmer No. 2319 .....

P. O. Address *Japlin* .....

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.