

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019144

State File No. _____
Registrar's No. 136

FILED MAY 10 1958

BIRTH NO. _____ REG. DIST. NO. 281 PRIMARY REG. DIST. NO. 3048

07420

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY OR TOWN rural 0440	
c. LENGTH OF STAY (in this place) 2 weeks		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) HAROLD		b. (Middle) JAMES	
		c. (Last) WILLIAMS	
4. DATE OF DEATH (Month) (Day) (Year) May 5, 1958			
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 25, 1923
9. AGE (In years last birthday) 35		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) Page County, Iowa
13a. FATHER'S NAME Walter Williams		13b. MOTHER'S MAIDEN NAME Zoa Bell Grimes	14. NAME OF HUSBAND OR WIFE Lota Clair Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW II		16. SOCIAL SECURITY NO. 479-20-1616	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harold J. Williams
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon		INTERVAL BETWEEN ONSET AND DEATH 12 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Intestinal ileus	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 4/23/58	19b. MAJOR FINDINGS OF OPERATION as above		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 1538	
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 3-11 , 19 58 , to 5-5 , 19 58 , that I last saw the deceased alive on 5-4 , 19 58 , and that death occurred at 6:00 a. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. Bauman M.D.		23b. ADDRESS Maryville, Mo	23c. DATE SIGNED 5/8/58
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/7/1958	24c. NAME OF CEMETERY OR CREMATORY Clarinda Cemetery	24d. LOCATION (City, town, or county) (State) Clarinda, Iowa
DATE REC'D BY LOCAL REG. 5-14-58	REGISTRAR'S SIGNATURE Beas Bolt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clarinda, Iowa	

2390

MAY 23 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 myself....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ray Williams.....

Licensed Embalmer No...4967...

P. O. Address Clarinda, Iowa

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.