

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020776

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 224

Health,  
Welfare  
Public  
Service

300  
1-56

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

1. PLACE OF DEATH a. COUNTY <b>Adair</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adrain</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirksville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Mexico</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>K.O. Hosp.</b>		Length of stay in lb <b>5 days</b>	d. STREET ADDRESS <b>Rt. 3</b>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>JACKIE LEE WILLIAMS</b>			4. DATE OF DEATH Month <b>July</b> Day <b>4</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 11, 1951</b>		9. AGE (In years last birthday) <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during past working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Student</b>	11. BIRTHPLACE (City and state or country) <b>Mexico, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Albert A. Williams</b>			14. MOTHER'S MAIDEN NAME <b>Ethel Belcher</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Albert A. Williams, Rt. 3, Mexico, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>DIABETIC ACIDOSIS</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>DIABETES AND PANCREATITIS</b>					<b>UNKNOWN</b>
DUE TO (c) <b>PNEUMONIC HEART DISEASE</b>					<b>260X</b>
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.)			
20c. TIME OF INJURY Hour <b>10:50</b> Month <b>6</b> Day <b>29</b> Year <b>1958</b>					
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 <b>6/29/58</b> to <b>7/4/58</b> and last saw her alive on <b>7/4/58</b> Death occurred at <b>10:50 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Marion J. King M.D.</b>			22b. ADDRESS <b>Kirksville, Mo.</b>		22c. DATE SIGNED <b>7-4-1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-6-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>
24. FUNERAL DIRECTOR <b>Credit F. Home</b>		ADDRESS <b>Mexico, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-5-1958</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Raloff</b>

(Licensed Embalmer's Statement on Reverse Side)

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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..... *Robert B. Davis* .....

Licensed Embalmer No. 4219

P. O. Address Kirksville,

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.