Health, Welfare Public Service

300 1-56

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022226
STATE FILE NUMBER

FILED JUN 25 1958 Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sniabar — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN 7000 Oak Grove — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4 mi No. Oak Grove — Length of stay in 1b 10yrs	d. STREET ADDRESS (If outside, give location) 4 mi No. Oak Grove — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: John	Middle: Lee	Last: Williams	4. DATE OF DEATH	Month: June Day: 11 Year: 1958
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: June 9 1888	9. AGE (In years last birthday): 80	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): Watchman	10b. KIND OF BUSINESS OR INDUSTRY: County Park	11. BIRTHPLACE (City and state or country): Grain Valley, Mo.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: James Williams		14. MOTHER'S MAIDEN NAME: Sophia Montgomery			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 500-12-4594	17. INFORMANT: Lela Williams	Address: Oak Grove Mo		

MEDICAL CERTIFICATION

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

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary Thrombosis	4 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	10 yrs
DUE TO (c)	Myocardial Chronic	5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): None		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

4201 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	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. 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 1930 Jan 1, to June 11 58 and last saw her/him alive on June 11 58
Death occurred at 9:15 A.M. m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): [signature]	22b. ADDRESS: Oak Grove Mo	22c. DATE SIGNED: 6-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: June 13-58	23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cem.	23d. LOCATION (City, town, or county): Oak Grove (State): Mo.
24. FUNERAL DIRECTOR: Webb Funeral Home	ADDRESS: Oak Grove, Mo.	25. DATE RECD. BY LOCAL REG.: June 13-58	26. REGISTRAR'S SIGNATURE: N B Langsford

(Licensed Embalmer's Statement on Reverse Side)

483 0

JUN 24 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No. .....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed William Freer

Licensed Embalmer No. 47

P. O. Address Blue Sprgs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.