

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022892

STATE FILE NUMBER

FILED JUL 3 1958 Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville		c. CITY OR TOWN Waynesville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville Hospital		d. STREET ADDRESS (If outside, give location) 0850 City	
3. NAME OF DECEASED (Type or print) First James Middle Williams Last Williams		4. DATE OF DEATH Month 6 Day 22 Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-25-1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		11. BIRTHPLACE (City and state or country) Missouri	
13a. FATHER'S NAME Dave Williams		14. NAME OF HUSBAND OR WIFE Martha Belle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Waynesville Hospital	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) thrombotic emboli Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) atherosclerosis DUE TO (c) 4500			INTERVAL BETWEEN ONSET AND DEATH 2 min unknown
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 10:40 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <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 April, 1958 to June, 1958 and last saw him alive on 6-22-58 Death occurred at 10:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) H. E. Nichols, D.O.	
22b. ADDRESS Waynesville, Missouri		22c. DATE SIGNED 6-28-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6-23-58	23c. NAME OF CEMETERY OR CREMATORY McBride Cemetery	23d. LOCATION (City, town, or county) (State) Laclede Mo.
24. FUNERAL DIRECTOR John Shupser, Inc.		25. DATE RECD. BY LOCAL REG. 6-28-58	
26. REGISTRAR'S SIGNATURE Gene G. Anderson			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION


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.

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


Licensed Embalmer No. 384
P. O. Address


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.