

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026575
STATE FILE NUMBER

FILED JUL 25 1958

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Waynesville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DeWitt Clinic		Length of stay in lb 45 minutes	d. STREET ADDRESS (If outside, give location) Waynesville Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Earl Williams			4. DATE OF DEATH Month Day Year 7-10-58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15, 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station attendant		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 45 IF UNDER 1 YEAR Months Days Hours Min. 7 25 IF UNDER 24 HRS.
11a. FATHER'S NAME James Williams		11b. MOTHER'S MAIDEN NAME Belle Lowery	12. CITIZEN OF WHAT COUNTRY? USA
13. 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.	14. NAME OF HUSBAND OR WIFE Grace Palmer Williams
15. INFORMANT Clyde Williams, Waynesville, Missouri			17. ADDRESS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4201 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 1 Hour
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 Month, Day, Year a.m. p.m.		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 7.10.58 to 7.10.58 and last saw her alive on 7.10.58 Death occurred at 1:45 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R.O. deWitt D.O.		22b. ADDRESS Waynesville Mo	22c. DATE SIGNED 7.10.58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 13, 1958	23c. NAME OF CEMETERY OR CREMATORY Waynesville Cemetery	23d. LOCATION (City, town, or county) (State) Waynesville, Missouri
24. FUNERAL DIRECTOR John Simpson Hartwell, Mo.		25. DATE RECD. BY LOCAL REG. 7-13-58	26. REGISTRAR'S SIGNATURE Paula Anne Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

08 909

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 *R. W. Z...*

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.