

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031537
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY KERNON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY KERNON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEVADA		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN NEVADA 1082		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 604 S College			Length of stay in 1b P		d. STREET ADDRESS (If outside, give location) 427 E Cherry		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First James Middle BERT Last Williams				4. DATE OF DEATH Month 9 Day 2 Year 58					
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3-16-1896		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motel Owner			10b. KIND OF BUSINESS OR INDUSTRY Motel		11. BIRTHPLACE (City and state or country) TOPEKA KANSAS		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME James O Williams			13b. MOTHER'S MAIDEN NAME Dora Kearns			14. NAME OF HUSBAND OR WIFE Dorothy Williams			
15. 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. 575-12-1030		17. INFORMANT Dorothy Williams - Topeka Mo			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) Acute myocardial infarction							INTERVAL BETWEEN ONSET AND DEATH sudden		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart Disease							unknown		
DUE TO (c) Diabetes mellitus							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 Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 Nov 21 57 to Sept 2 1958 and last saw him alive on May 14, 1958 Death occurred at Approx. 2:00 A. M. of the date stated above; and to the best of my knowledge from the causes stated.									
22a. SIGNATURE OF PHYSICIAN (Name, rank, or title) Richard H. Moore					22b. ADDRESS Moore Building, Nevada, Mo.			22c. DATE SIGNED 9-4-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-4-58	23c. NAME OF CEMETERY OR CREMATOR TOPEKA CEM			23d. LOCATION (City, town, or county) TOPEKA		(State) Mo	
24. FUNERAL DIRECTOR Richard H. Moore			ADDRESS Topeka Mo.		25. DATE RECD. BY LOCAL REG. 9-5-58		26. REGISTRAR'S SIGNATURE Armed & Jerry		

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.

ST
DEC 1 1939

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 *Lloyd C. McLeod*

Licensed Embalmer No. *4853*

P. O. Address *Memphis, Tenn.*

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.