

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031575

STATE FILE NUMBER

FILED AUG 20 1958

Registration District No.

374

Primary Registration District No.

6274

Registrar's No.

33

1. PLACE OF DEATH a. COUNTY WORTH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WORTH		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MIDDLEFORK, TWP 6274			c. CITY OR TOWN GRANT CITY, MO RURAL		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GRANT CITY RURAL			d. STREET ADDRESS (If outside, give location) 3 MO		
3. NAME OF DECEASED (Type or print) First NOAH Middle RICHARD Last WILLIAMS			4. DATE OF DEATH Month JULY Day 27 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"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1880	9. AGE (In years birthday) 88	10. UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME ELI WILLIAMS			
13b. MOTHER'S MAIDEN NAME MARY LEWIS		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT LEWIS WILLIAMS Address GRANT CITY, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease					INTERVAL BETWEEN ONSET AND DEATH 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4221					
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 _____ 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 1947 to July 27 1958 and last saw her alive on _____ Death occurred at DOA noon 7-27-58 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Frank B. Matteson M D Coroner			22b. ADDRESS Grant City, Mo		22c. DATE SIGNED 7/29/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 29, 1958	23c. NAME OF CEMETERY OR CREMATORY NEW HOPE CEMETRY		23d. LOCATION (City, town, or county) (State) RURAL DENVER MO
24. FUNERAL DIRECTOR Hermit Bran Address Denver MO			25. DATE RECD. BY LOCAL REG. August 16, 1958		26. REGISTRAR'S SIGNATURE John E. Dawson

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 John Andrews, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City

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.