Health, & Welfare Public Service

6. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-032185
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 58-66

1. PLACE OF DEATH
a. COUNTY Dade
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Lockwood — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Memorial Hosp. — Length of stay in 1b 2 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dade
c. CITY OR TOWN Greenfield 029 — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Route #2 — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Everett Middle — Last Williams
4. DATE OF DEATH Month Sept. Day 16 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH Sept. 25, 1880
9. AGE (In years last birthday) 77 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Cedar County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Rev. J. T. Williams
13b. MOTHER'S MAIDEN NAME Zylpha Hackett
14. NAME OF HUSBAND OR WIFE Minnie Catherine Williams
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. 492-40-9800
17. INFORMANT Mr. Lensil Williams; Address Route #2 Greenfield, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Nephritis — 3 months
DUE TO (c) 592 x
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 ☐ NO ☐

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 9-17-58, to ____ and last saw him alive on 9-17-58.
Death occurred at 6:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Elmer W. Taylor M.D. (Degree or title)
22b. ADDRESS 807 Main St. Lockwood, Mo
22c. DATE SIGNED 9-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept. 19, 1958
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Fanning Cemetery
23d. LOCATION (City, town, or county) (State) Dade County, Mo.

24. FUNERAL DIRECTOR J. C. Canada ADDRESS Greenfield Mo.
25. DATE RECD. BY LOCAL REG. 9/18/58
26. REGISTRAR'S SIGNATURE J. C. Canada
(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.

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 ..... Signed J. C. Canada
Signature of Student Embalmer

Licensed Embalmer No. 4196

P. O. Address Greenfield, M

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.