

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033791

STATE FILE NUMBER

FILED OCT 7 1958 Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 108

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY POLK	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOLIVAR		c. CITY OR TOWN BOLIVAR	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1303 W. Broadway		d. STREET ADDRESS (If outside, give location) 1303 W. Broadway	
3. NAME OF DECEASED (Type or print) First Ernest Middle x Last Williamson		4. DATE OF DEATH Month Sept. Day 27 Year 1958	
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 Jan. 14, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Pittsburg, Mo.
13a. FATHER'S NAME Thomas Williamson		13b. MOTHER'S MAIDEN NAME Martha Ann Frank	14. NAME OF HUSBAND OR WIFE Lillie Williamson
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. None	17. INFORMANT Address Mrs. Lillie Williamson, Bolivar 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) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive cardio-vascular disease DUE TO (c) Arteriosclerosis 4201			INTERVAL BETWEEN ONSET AND DEATH 20 hours 12 yr.
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 WORK <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 May 1949 to Sept. 27, 1958 and last saw him alive on Sept. 26, 1958 Death occurred at 2:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. J. Barnett M.D.		22b. ADDRESS Bolivar Mo.	22c. DATE SIGNED 9-29-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 30, 1958	23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery	23d. LOCATION (City, town, or county) (State) Pittsburg, Mo.
24. FUNERAL DIRECTOR ADDRESS Butler Funeral Home, Bolivar, Mo		25. DATE RECD. BY LOCAL REG. Oct 1, 1958	26. REGISTRAR'S SIGNATURE Robert Gordon for Jewell Gordon

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Paul D. Butler*

Licensed Embalmer No. *4471*

P. O. Address *Bolivar, Mo.*

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.