Health,
& Welfare
. Public
n Service

S. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035245
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Community — Length of stay in Ib Two hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Arkansas b. COUNTY Boone
c. CITY OR TOWN Omaha — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: William Middle: Oliver Last: Williams
4. DATE OF DEATH Month Day Year: September 8, 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept. 24, 1884
9. AGE (In years last birthday): 71 — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Virginia
12. CITIZEN OF WHAT COUNTRY? Amer.
13. FATHER'S NAME: Thomas Williams
14. MOTHER'S MAIDEN NAME: Louise Rassell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT Address: Troy Williams 115 E. M-ddox, Branson

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) Cerebral Vascular accident with Left Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension Essential — 15 yrs
DUE TO (c) General Arteriosclerosis 331X — yrs.
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 ☒ .2

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 Sept 7/58, to Sept 8/58 and last saw ~~her~~ him alive on Sept 7/58
Death occurred at 1:40 Am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W C Magner M.D.
22b. ADDRESS: Branson, Mo
22c. DATE SIGNED: 9/8/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/10/58
23c. NAME OF CEMETERY OR CREMATORY: Omaha
23d. LOCATION (City, town, or county) (State): Omaha, Arkansas

24. FUNERAL DIRECTOR: Holt Funeral Home ADDRESS: Harrison, Ark.
25. DATE RECD. BY LOCAL REG.: 9-16-58
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.