

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039423
STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 180

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dun Co. Mem</u>		d. STREET ADDRESS (If outside, give location) <u>205 Chance</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mr. J. L. Williams</u>		4. DATE OF DEATH Month Day Year <u>Nov 11, 1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-13-1908</u>
9. AGE (In years last birthday) <u>50</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Ag.</u>	
11. BIRTHPLACE (City and state or country) <u>Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Oliver Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Russell</u>	
14. NAME OF HUSBAND OR WIFE <u>Mattie Jackson</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>487-20-3594</u>		17. INFORMANT Address <u>Williams</u> <u>Mattie Williams Kennett, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Pancreas</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>NOV 9 '58</u> to <u>NOV 11</u> and last saw ^{her} him alive on <u>NOV 10, 1958</u> . Death occurred at <u>1:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Chester R. Peck M.D.</u>		22b. ADDRESS <u>Kennett, Mo.</u>	
22c. DATE SIGNED <u>11/13/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		23d. LOCATION (City, town, or county) (State) <u>Kennett, Mo</u>	
24. FUNERAL DIRECTOR <u>McDaniel Kennett, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-15-1958</u>	
26. REGISTRAR'S SIGNATURE <u>Paul Thurman</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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
Signature of Student Embalmer

Signed *Hubert B. Baird*

Licensed Embalmer No. *4888*
P. O. Address *Kennett, 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.