

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041072

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <u>Pulaski Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waynesville, Mo.</u>		c. CITY OR TOWN <u>Waynesville, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Way. Gen. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>None.</u>	
Length of stay in 1b <u>59 days.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Knox.</u> Last <u>Williams.</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>3,</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White.</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>April 29, 1895</u>
9. AGE (In years last birthday) <u>63</u>		10. FUNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
11. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus Operator.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed.</u>	
11. BIRTHPLACE (City and state or country) <u>Des Moines, Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Knox Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy (Unknown.)</u>	
14. NAME OF HUSBAND OR WIFE <u>Maude Myrtle Williams</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>473-18-3346</u>		17. INFORMANT <u>Maude Myrtle Williams</u> Address <u>Waynesville, 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 Pancreas</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) <u>157X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Mo</u>	
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 <u>Oct 5, 1958</u> to <u>Dec 3, 1958</u> and last saw him alive on <u>Dec 3, 1958</u> Death occurred at <u>6:10</u> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>R.O. Alworth</u> (Degree or title) <u>D.O.</u> <u>2</u>	
22b. ADDRESS <u>Waynesville, Mo.</u>		22c. DATE SIGNED <u>12/6/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/7/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crocker Memorial Cemet.</u>	23d. LOCATION (City, town, or county) (State) <u>Crocker, Missouri</u>
24. FUNERAL DIRECTOR <u>Hedges Funeral Home</u>	ADDRESS <u>Waynesville</u>	25. DATE RECD. BY LOCAL REG. <u>12-6-58</u>	26. REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DEC 18 1958

### 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 .....

*Clarence Thorse*

Licensed Embalmer No. *4896*

P. O. Address *Waynesville*

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.