Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042987
STATE FILE NUMBER

FILED DEC 2 1958 Registration District No. 336 Primary Registration District No. 6128 Registrar's No. 378

1. PLACE OF DEATH
a. COUNTY: Shannon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Eminence — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home — Length of stay in 1b: life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Shannon
c. CITY OR TOWN: Eminence 1010 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: John Middle: Luther Last: Williams

4. DATE OF DEATH Month: Oct. Day: 24, Year: 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Sept. 1, 1887

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): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (City and state or country): Shannon Co., Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Carroll Williams

13b. MOTHER'S MAIDEN NAME: Sarah Hines

14. NAME OF HUSBAND OR WIFE: Nancy Ellen Ellerman

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.: none

17. INFORMANT Address: Mrs. Lena Lee, Eminence, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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) Respiratory Arrest — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Medullary Paralysis — 48 hrs

DUE TO (c) Cerebro-Vascular Accident

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331X

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 10-16-58, to 10-24-58 and last saw her alive on 10-19-58
Death occurred at 6 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Henry M. Moritz D.O. 2

22b. ADDRESS: Eminence Mo

22c. DATE SIGNED: 11/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 10/26/58

23c. NAME OF CEMETERY OR CREMATORY: New Eminence Cemetery

23d. LOCATION (City, town, or county) (State): Eminence, Missouri

24. FUNERAL DIRECTOR ADDRESS: Duncan Funeral Home Mtn View, Mo

25. DATE RECD. BY LOCAL REG.: Dec 1. 1958

26. REGISTRAR'S SIGNATURE: Mabel Rae

(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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Richard A. Horton

Licensed Embalmer No. 5029

P. O. Address Mtn View

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.