

Health,
Welfare,
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043829
STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1205

300 3
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield	
c. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. St Johns		d. STREET ADDRESS 716 E. Grand	
3. NAME OF DECEASED (Type or print) First Middle Last OTTO FOREST WILLIAMS		4. DATE OF DEATH Month Day Year December 11, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 10, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Supt of Construction Frisco Railway		10b. KIND OF BUSINESS OR INDUSTRY Ohio	12. CITIZEN OF WHAT COUNTRY? U. S.A.
13a. FATHER'S NAME E. Lane Williams		14. NAME OF HUSBAND OR WIFE Ethyl Williams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI		17. INFORMANT Mrs Ethyl Williams, Springfield, 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) Probable Coronary Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) UNATTENDED BY A PHYSICIAN			INTERVAL BETWEEN ONSET AND DEATH unknown
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.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ Death occurred at 12:05 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE James R. Amos, M.D.		22b. ADDRESS Greene County Health Officer, Springfield, Mo	
22a. DATE SIGNED 12-18-58		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 16, 1958	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Springfield, Missouri	
24. FUNERAL DIRECTOR Jewell E. Winkle		25. DATE RECD. BY LOCAL REG. 12-18-58	
26. REGISTRAR'S SIGNATURE Effie E. Melton		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 2 1959

JAN 22 1959

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 *Robert E. Mullema*

Licensed Embalmer No. *4916*

P. O. Address *Springfield,*

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.