

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044836

State File No.

FILED DEC 29 1958

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3070 Registrar's No. 287

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		c. CITY OR TOWN <u>Chillicothe</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <u>33 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>208 Samuels St.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>208 Samuels St.</u>			

3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>HENRY</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18 1958</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 5, 1883</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR OF UNDER 21 YRS. Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Utilities</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Millgrove, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Green Harvey Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Isadora Norris</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Gordon</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>500-36-0786</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Minnie Williams Chillicothe, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1538</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 10, 1953, to Dec. 18, 1958, that I last saw the deceased alive on Dec 18, 1958, and that death occurred at 1:25pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph A. Connard M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>Dec. 20 1958</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-20-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Livingston County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>NORMAN FUNERAL HOME: Chillicothe, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-20-58</u>		REGISTRAR'S SIGNATURE <u>Frances B Neill</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Elton Rowman*.....

Licensed Embalmer No..4036..

P. O. Address Chillicothe,.....

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.