

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 000570

FILED JAN 27 1959

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 2227 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Pleasant View Rest Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville Mo</u>		c. LENGTH OF STAY (In this place) <u>no</u>	c. CITY OR TOWN <u>East Lyme</u> ⁰¹⁹⁰
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Rest Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>EDWARD</u>	c. (Last) <u>WILLIAMS</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>WILLIAM</u>	<u>EDWARD</u>	<u>WILLIAMS</u>	<u>Jan 8 1959</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 1 1869</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>9</u> Min.
-----------------	----------------------------	---	------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	-----------------------------------	---	---

13a. FATHER'S NAME <u>Pete Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Elliot</u>	14. NAME OF HUSBAND OR WIFE <u>Cecil 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>499-09-1084</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Cecil Williams</u>	ADDRESS
--	--	---	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac insufficiency</u> DUE TO (c) <u>arteriosclerosis</u>		<u>15 yrs</u> <u>20 yrs.</u>
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>4221</u>

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 May 1956 to Jan 8, 1959 that I last saw the deceased alive on Jan 8, 1959, and that death occurred at 7:15 a.m. from the causes and on the date stated above.

23a. SIGNATURE <u>A. C. Fusch</u> (Degree or title)	23b. ADDRESS <u>Harrisonville Mo</u>	23c. DATE SIGNED <u>Jan 8 1959</u>
---	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 11-1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clearfork</u>	24d. LOCATION (City, town, or county) (State) <u>East Lyme Rural Mo</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>1-19-59</u>	REGISTRAR'S SIGNATURE <u>Mrs Ray Sebree</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. D. Naylor</u> ADDRESS <u>East Lyme Mo</u>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 16 1930

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.....
A. D. Naylor

Licensed Embalmer No. 2717

P. O. Address East Lyme

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.