

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016498

STATE FILE NUMBER

FILED APR 21 1959

Registration District No. 352 Primary Registration District No.

Registrar's No. 35

300
-57

1. PLACE OF DEATH a. COUNTY <u>TANEY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jarvis</u>		
b. CITY OR TOWN <u>Forsyth</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Forsyth</u> 1060		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>home</u>		Length of stay in lb <u>years</u>	d. STREET ADDRESS (If outside, give location) <u>Forsyth</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES CORNELIUS WILLIAMS</u>			4. DATE OF DEATH Month Day Year <u>April 8, 1959</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>Feb. 9, 1895</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days <u>1 29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if tired) <u>retired merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>grocery</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Charlie Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Curry</u>		14. NAME OF HUSBAND OR WIFE <u>Laura 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>500-36-6969</u>	17. INFORMANT <u>Mrs. Laura Williams</u> Address <u>Forsyth 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>Cardiac failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH <u>few min.</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.) <u>4500</u>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, shop, office, etc.) <u>Included by a Physician</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>April 8 59</u> to <u>April 8, 59</u> and last saw him alive on <u>April 8-59</u> Death occurred at <u>11:35 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Helen Campbell, Local Registrar</u>			22b. ADDRESS <u>Branson, Mo.</u>		22c. DATE SIGNED <u>11-14-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-11-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Memorial Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Branson Mo</u>	
24. FUNERAL DIRECTOR <u>H. Lobb</u> ADDRESS <u>Forsyth, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-14-59</u>		26. REGISTRAR'S SIGNATURE <u>Helen Campbell</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Walter S. Cobb*

Licensed Embalmer No. *4731*.....

P. O. Address *Langh, Mo.*.....

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.