

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018801  
STATE FILE NUMBER

FILED JUN 15 1959

Registration District No. 300 Primary Registration District No. 4449 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>REYNOLDS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>REYNOLDS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ELLINGTON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ELLINGTON</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RESIDENCE</b>		Length of stay in lb <b>85 YRS</b>	d. STREET ADDRESS (If outside, give location) <b>ELLINGTON</b>
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>LA FETTE</b> Last <b>WILLIAMS</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>28</b> Year <b>1959</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 4 1866</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	9. AGE (In years last birthday) <b>93</b>
11. BIRTHPLACE (City and state or country) <b>SOUTH CAROLINA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>DANIEL WILLIAMS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY C. FOSTER</b>	14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>MAY RAYFIELD</b> Address <b>ELLINGTON, MO. VAN BUREN MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Dysentery &amp; Acute enteritis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Infections (7 others in same house)</b>			
DUE TO (c) <b>Severity added to cause of death.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <b>5711</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		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 <b>May 27/59</b> to <b>May 28/59</b> and last saw her alive on <b>May 28/59</b> Death occurred at <b>5:00 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Kenneth T. Carter MD</b>		22b. ADDRESS <b>ELLINGTON MO</b>	22c. DATE SIGNED <b>June 2/59</b>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAY 30, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ELLINGTON CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>ELLINGTON MO</b>
24. FUNERAL DIRECTOR <b>McSpadden</b>		25. DATE RECD. BY LOCAL REG. <b>June 4 - 59</b>	26. REGISTRAR'S SIGNATURE <b>Essie G. Vans</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Allen C. McSpencer*

Licensed Embalmer No. *4543*

P. O. Address *Van Buren, 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.