Health, & Welfare Public Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020217
STATE FILE NUMBER

FILED MAY 26 1959 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington
Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION Nevada State Hosp. #3 State Hospital #3
Length of stay in lb 1-10-29

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE mNissouri b. COUNTY BARRY
c. CITY OR TOWN Monette
Inside Limits Yes ☐ No ☐ Unknown
d. STREET ADDRESS (If outside, give location) P.O.Box 454
Reside on Farm Yes ☐ No ☐ Unknown

3. NAME OF DECEASED (Type or print) First Kenneth Middle Last Williams

4. DATE OF DEATH Month Day Year 5-10-1959 5-10-1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 5-21-1891
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 11 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Express Messinger
10b. KIND OF BUSINESS OR INDUSTRY RAILROAD
11. BIRTHPLACE (City and state or country) Arkansas, Fayetteville
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown Williams
13b. MOTHER'S MAIDEN NAME Eva Williams
14. NAME OF HUSBAND OR WIFE Angelina Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown; if yes, give war or dates of service) Yes W.W. 1
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Adm Papers Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Vessel Disease — INTERVAL BETWEEN ONSET AND DEATH Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atheromatous Sclerosis — Years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pre Senil Dementia 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 6-11-'57, to 5-11-'59 and last saw him alive on 5-10-'59
Death occurred at 9:17 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. Allen Pickens M.D.
22b. ADDRESS Nevada Mo.
22c. DATE SIGNED 5-10-'59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE May 12, 1959
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY
23d. LOCATION (City, town, or county) (State) MONETT MO.

24. FUNERAL DIRECTOR ADDRESS MERCER FUNERAL HOME MONETT, MO
25. DATE RECD. BY LOCAL REG. 5-22-1959
26. REGISTRAR'S SIGNATURE Emma J. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 27 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 .....

Licensed Embalmer No. 4960

P. O. Address Nevada, 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.