

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

59-022207

STATE FILE NUMBER

FILED JUN 19 1959

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 47

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston		c. CITY OR TOWN Charleston <i>ck 720</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Alley		d. STREET ADDRESS (If outside, give location) Methodist Alley	

3. NAME OF DECEASED (Type or print) First Willie Middle Williams Last Williams			4. DATE OF DEATH Month May Day 31 Year 1959		
5. SEX Male	6. COLOR OR RACE 2 Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> (WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>)	8. DATE OF BIRTH July 4 1909 <i>49</i>	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 4 Days 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) car washing	10b. KIND OF BUSINESS OR INDUSTRY automobiles	11. BIRTHPLACE (City and state or country) Copperville Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ben Williams	13b. MOTHER'S MAIDEN NAME Vinney Granger	14. NAME OF HUSBAND OR WIFE Thelma Williams	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. none	17. INFORMANT Vinney Cole	Address Methodist Alley Charleston Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 dys
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 _____ a.m. _____ p.m. _____		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT 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 28 May 59 to 31 May 59 and last saw ^{her} him alive on 31 May 59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <i>John L. Sample M.D.</i>	22b. ADDRESS Charleston, Mo.	22c. DATE SIGNED 2 Jun 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 7 1959	23c. NAME OF CEMETERY OR CREMATORY Oak Grove	23d. LOCATION (City, town, or county) (State) Charleston Missouri
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24. FUNERAL DIRECTOR Peoples Funeral Chapel	ADDRESS 626 W. Marshall St. Charleston Mo.	25. DATE RECD. BY LOCAL REG. 6-12-59	26. REGISTRAR'S SIGNATURE <i>Society B. Hathorn</i>
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

County of ...
Date Filed 6-17-59

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 E. J. Donaldson

Licensed Embalmer No...4935.....
P. O. Address..Charleston..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.