

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028447

FILED VS AUG 25 1959 *68*

Registration District No. _____ Primary Registration District No. *4119* Registrar's No. *21*

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY Christian Co				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY Christian Co			
b. CITY (If outside corporate limits, give TOWNSHIP only) Ozark, Mo		Length of stay in 1b 34 Years		c. CITY OR TOWN Ozark Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Ozark, Mo	
3. NAME OF DECEASED (Type or print) First John Middle JW Last Williams				4. DATE OF DEATH Month Aug Day 10 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH July 8/74 85	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Christian Co, Mo		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Bryant Williams			13b. MOTHER'S MAIDEN NAME Sarah Pallet			14. NAME OF HUSBAND OR WIFE May Bell Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs May Bell Williams, Ozark, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Circulatory Failure - Dehydration only on autopsy note.</i> DUE TO (b) <i>Chronic Mental Strain</i> DUE TO (c) <i>Old Rheumatic Fever</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Particular of several years duration</i>							INTERVAL BETWEEN ONSET AND DEATH <i>years</i> <i>years</i>
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 _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <i>10/28/55</i> to <i>8/10/59</i> and last saw ^{her} him alive on <i>8/10/59</i> . Death occurred at <i>7 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Deceased or title) <i>Robert P. M. Cormick D.O.</i>				22b. ADDRESS <i>Ozark Mo</i>		22c. DATE SIGNED <i>8/12/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 13/1959	23c. NAME OF CEMETERY OR CREMATORY Smart Cemetery		23d. LOCATION (City, town, or county) Christian Co, Mo		(State)
24. FUNERAL DIRECTOR T. B. Cheffin Ozark Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. Aug. 22. 1959	26. REGISTRAR'S SIGNATURE <i>Loretta Leonard</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.