

REGISTRATION DISTRICT NO. 156 Primary Registration District No. 2001 Registrar's No. 458

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS OCT 6 1959

59-032790
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 4 1/2 days		c. CITY OR TOWN Seneca		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First George Middle Henry Last Williams				4. DATE OF DEATH Month Spet. Day 22 Year 1959					
5. SEX Male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec. 27, 1871		9. AGE (last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Rutherford, No. Carol. U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME John L. Williams			13b. MOTHER'S MAIDEN NAME Harriett Keeter			14. NAME OF HUSBAND OR WIFE Mary Ella			
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. None		17. INFORMANT Justin Williams Seneca, 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) Insulin Shock							INTERVAL BETWEEN ONSET AND DEATH 153 hours		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes Mellitus							5-22-56		
DUE TO (c) Arteriosclerosis							Unknown		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 16.)					
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, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Joplin, Jasper, Missouri		
21. I attended the deceased from 5-15-56 to 9-22-59 and last saw her/him alive on 9-22-59 Death occurred at 10:35 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>J. R. Kuhn, Jr. M.D.</i> J. R. Kuhn, Jr. M.D.				22b. ADDRESS 321 Frisco Building, Joplin, Mo.			22c. DATE SIGNED 9-24-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/24/59		23c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery		23d. LOCATION (City, town, or county) (State) Seneca Missouri			
24. FUNERAL DIRECTOR <i>J. E. Williams</i> J. E. Williams			25. DATE RECD. BY LOCAL REG. 9-24-1959		26. REGISTRAR'S SIGNATURE <i>Dorice Merriam</i> Dorice Merriam				

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 W E D Allen

Licensed Embalmer No. 217

P. O. Address: Seneca

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.