URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 1 9 1959

59-035424
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 258

IENDED

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton — Length of stay in 1b 1Yr, 8Mo, 20Da
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hospital #1 — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Miller
c. CITY OR TOWN Tuscumbia — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) D.K. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Nathan Middle Albert Last Williams
4. DATE OF DEATH Month Oct Day 10 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married X Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9/20/1887
9. AGE (last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Rural
11. BIRTHPLACE (City and state or country) Tuscumbia, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Williams
13b. MOTHER'S MAIDEN NAME Sarah Margaret Scott
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) D.K.
16. SOCIAL SECURITY NO. D.K
17. INFORMANT State Hospital #1 Address Fulton, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial infarction — 17 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

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 Jan, 14, 1958, to Oct, 10, 1959 and last saw her him alive on Oct 10, 1959
Death occurred at 7:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A.K. Baur M.D. (Degree or title) AK Baur MD
22b. ADDRESS State Hospital #1 Fulton, Mo
22c. DATE SIGNED Oct, 11, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct-13-1959
23c. NAME OF CEMETERY OR CREMATORY Tuscumbia Cemetery
23d. LOCATION (City, town, or county) Tuscumbia (State) Mo

24. FUNERAL DIRECTOR Keith M Kays ADDRESS Eldon Mo
25. DATE RECD. BY LOCAL REG. Oct-11-1959
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Keith M Kays

Licensed Embalmer No. 399

P. O. Address Eldon Mo

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