

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 5 1960

60-013891

Registration District No. 347 Primary Registration District No. 4007 Registrar's No. 8 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY <u>Stone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Crane</u> | Length of stay in 1b | c. CITY OR TOWN <u>CCrane</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>O</u> Last <u>Williams</u> | | | 4. DATE OF DEATH Month <u>March</u> Day <u>27</u> Year <u>1960</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11/24/23</u> | 9. AGE (last birthday) <u>36</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Feed Store</u> | | 11. BIRTHPLACE (City and state or country) <u>Barry County, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Cliff Williams</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Metcalf</u> | | 14. NAME OF HUSBAND OR WIFE <u>Louise Williams</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W.2</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Mrs Louise Williams, Crane, Mo</u> | | |

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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> | | <u>Instant</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Acute Coronary Thrombosis</u> | <u>Instant</u> |
| | DUE TO (c) <u>Mild Coronary Occlusion</u> | <u>1952</u> |
| 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 |

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| 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 <u> </u> a.m. <u> </u> p.m. <u> </u> | Month, Day, Year <u> </u> | | |
| 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 1952 to 3/27/60 and last saw him alive on 1959
Death occurred at 8:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>A. P. Reynolds</u> | | 22b. ADDRESS <u>Crane, Mo.</u> | | 22c. DATE SIGNED <u>3-28-60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3/29/60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u> | 23d. LOCATION (City, town, or county) (State) <u>Crane, Missouri</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Manlove Funeral Home, Crane, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>March 28-1960</u> | 26. REGISTRAR'S SIGNATURE <u>Miss J. Elmer Brasseur</u> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

