

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029377

FILED VS JUL 25 1960

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 55

STATE FILE NUMBER

ENDED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kissee Mills		Length of stay in 1b years		c. CITY OR TOWN Kissee Mills		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) rural		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) SAMUEL ERNEST WILLIAMS				4. DATE OF DEATH July 17, 1960					
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 7-3-1884		9. AGE (last birthday) 76	
						IF UNDER 1 YEAR Months 0 Days 14 Hours Min. 		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY stock		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME S. J. Williams			13b. MOTHER'S MAIDEN NAME Elizabeth McLaughlin			14. NAME OF HUSBAND OR WIFE Cuma 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. none		17. INFORMANT Address Mrs Cuma Williams Kissee Mills, Mo				
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) Coronary Thrombosis								instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
DUE TO (b) Unknown Causes									
DUE TO (c) helping load cattle in truck and getting too hot									
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 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 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 never , to never and last saw him alive on none Death occurred at 6:45 pm m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Walter Cobb</i>				22b. ADDRESS <i>Coronary Taney Co Branson, Mo</i>				22c. DATE SIGNED <i>7/29/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7-21-60		23c. NAME OF CEMETERY OR CREMATORY Kissee Mills Cemetery		23d. LOCATION (City, town, or county) Kissee Mills, Mo			
24. FUNERAL DIRECTOR Forsyth Funeral Home, Forsyth, Mo				25. DATE RECD. BY LOCAL REG. 7/21/60		26. REGISTRAR'S SIGNATURE <i>Deleu Campbell</i>			

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 13 1963

JAN 12 1961

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 Walter Cobb

Licensed Embalmer No. 473

P. O. Address Branson

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