JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1 1960 75

=60-029997
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3015 Registrar's No. 93

NDED

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cameron — Length of stay in 1b: 3wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cameron Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Clinton
c. CITY OR TOWN: Cameron — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): West 4 th st. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First TRUMAN Middle ALFRED Last WILLIAMS
4. DATE OF DEATH: Month Aug Day 21 Year 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-6-1871
9. AGE (last birthday): 88
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Tiskalwa, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John E. Williams
13b. MOTHER'S MAIDEN NAME: Lucie Allen
14. NAME OF HUSBAND OR WIFE: Minnie M. Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Address: Mrs. Minnie Williams, Cameron, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute myocardial failure. — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Advanced age.
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

BY AFFIDAVIT OF

21. I attended the deceased from Jan. 5-7-8 1960 to Aug 21, 1960 and last saw ~~him~~ alive on Aug 21, 1960
Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge from the causes stated.
22a. SIGNATURE: [signature] (Degree or title) D.O.
22b. ADDRESS: Cameron, Mo.
22c. DATE SIGNED: 8-22-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-24-1960
23c. NAME OF CEMETERY OR CREMATORY: Evergreen
23d. LOCATION (City, town, or county) (State): Cameron, Mo
24. FUNERAL DIRECTOR ADDRESS: Poland Funeral Home, Cameron, Mo.
25. DATE RECD. BY LOCAL REG.: Aug 23 1960
26. REGISTRAR'S SIGNATURE: Frances L Crawford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

AUG 11 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_____ Signed Laurence J. Thompson

Signature of Student Embalmer

Licensed Embalmer No. 4735

P. O. Address Cameron,

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