

## FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS SEP 20 1960

-60-025798  
STATE FILE NUMBER

Registration District No. 28 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Salt Spring Twp.</u>		Length of stay in 1b <u>52 yrs.</u>		c. CITY OR TOWN <u>Rural-Salt Spring Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West of Huntsville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <u>West of Huntsville</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Charley</u> Middle <u>Williams</u> Last <u>Williams</u>				4. DATE OF DEATH Month <u>August</u> Day <u>29</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>1-28-1878</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <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>farming &amp; carpentry</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming &amp; carpentry</u>		11. BIRTHPLACE (City and state or country) <u>West Newton, Indiana</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>	
13a. FATHER'S NAME <u>Dave Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Burnette</u>		14. NAME OF HUSBAND OR WIFE <u>Lorraine Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Rural Route #3</u> <u>Mrs. Irene Gutekunst-Moberly, Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of Prostate</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>  </u> DUE TO (c) <u>  </u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>chronic Myocarditis - 1 year</u>						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 <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 <u>  </u>	STATE <u>  </u>
21. I attended the deceased from <u>Feb 2, 1954</u> to <u>Aug 29, 1960</u> and last saw him alive on <u>8/29/60</u> Death occurred at <u>1:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. R. Dwyer MD</u> (Physician or title)				22b. ADDRESS <u>Huntsville, Mo.</u>		22c. DATE SIGNED <u>8/30/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>8-31-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>	
24. FUNERAL DIRECTOR <u>Tom B. Patton</u> ADDRESS <u>Huntsville</u>				25. DATE RECD. BY LOCAL REG. <u>9-10-1960</u>		26. REGISTRAR'S SIGNATURE <u>May A. Bentley by Colonna Celler</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntville

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