URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 22 1960

-60-043264
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 443

NDED

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. FRANCOIS TWP. Farmington - RURAL
Length of stay in 1b 4 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Osteopathic Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Farmington
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 917 W Liberty
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Robert Middle Lee Last Williams
4. DATE OF DEATH Month Nov. Day 12, Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH July 22, 1880 - 80
9. AGE (last birthday) 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) Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY Stove Mfg.
11. BIRTHPLACE (City and state or country) Farmington, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Jeff Williams
13b. MOTHER'S MAIDEN NAME Ann Barnes
14. NAME OF ~~HUSBAND~~ OR WIFE Bertha 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. 499 03 5969
17. INFORMANT Address Mrs. Bertha Williams, Farmington, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Aspiration Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Obstruction following operation — 4 days
DUE TO (c) Jam Hiatus Hernia — 2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Operation Ellis Fischel Hospital Columbia
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 Nov 8, 1960, to Nov 12, 1960 and last saw her/him alive on Nov 12, 1960
Death occurred at 6:00 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lee Stanfield DO
22b. ADDRESS Farmington Mo
22c. DATE SIGNED 11/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11.14.1960
23c. NAME OF CEMETERY OR CREMATORY Herod Cemetery
23d. LOCATION (City, town, or county) (State) St. Francois, Co, Missouri.

24. FUNERAL DIRECTOR ADDRESS C.Z.Boyer &Son, Desloge, Mo
25. DATE RECD. BY LOCAL REG. Nov. 14 1960
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed B. T. Boyd
Signature of Student Embalmer

Licensed Embalmer No. 3660

P. O. Address Leslage

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