

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002374
STATE FILE NUMBER

Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 3

AMENDED

FILED VS FEB 14 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Newton</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Granby</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Barry</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Granby Comm. Hosp.</u>		Length of stay in 1b <u>4 Days</u>		c. CITY OR TOWN <u>Monett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		d. STREET ADDRESS (if outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
First <u>Lawrence</u>		Middle <u>Earl</u>		Last <u>Williams</u>		Month <u>Feb.</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>1-21-1898</u>	
9. AGE (last birthday) <u>63</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Osteopathy</u>		11. BIRTHPLACE (City and state or country) <u>Russellville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Robert Thomas Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Jane Stevenson</u>		14. NAME OF HUSBAND OR WIFE <u>Lou Ella Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. L.E. Williams Monett, Mo.</u>		Address	
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>Medullary failure</u>						<u>5 Min.</u>	
DUE TO (b) <u>Adenocarcinoma rt. frontal lobe of brain</u> (Metastatic)						<u>over 2 months</u>	
DUE TO (c) <u>Primary tumor unknown</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	
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 <u>12/10/60</u> to <u>2/2/61</u> and last saw her him alive on <u>2/2/61</u>				Death occurred at <u>9: A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles O. Heister</u> D.O.				22b. ADDRESS <u>Box 97, Granby, Mo.</u>		22c. DATE SIGNED <u>2/3/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-4-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Monett, Missouri</u>	
24. FUNERAL DIRECTOR <u>Mercer Funeral Home Monett, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Feb. 3, 1961</u>		26. REGISTRAR'S SIGNATURE <u>M. L. Young</u>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 3 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 me,

~~XXXX~~ _____ ~~XXXXXXXXXXXXXXXXXXXX~~

~~working under my personal supervision~~

~~XXXXXX~~ _____

Signature of Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, Mo.

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