

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014538

STATE FILE NUMBER

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 19

AMENDED

FILED APR 4 1961

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

a. COUNTY MONROE		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON TWP.		Length of stay in 1b 36 YRS.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY MONROE		c. CITY OR TOWN JACKSON TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi. W of PARIS, Mo				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1 mi. W. of PARIS, Mo				Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last HENRY CLAUDE WILLIAMSON						4. DATE OF DEATH Month Day Year APRIL 14 1961					
5. SEX M		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-16-1872		9. AGE (last birthday) 88		IF UNDER 1 YEAR Months Days 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 GEN. FARMING		11. BIRTHPLACE (City and state or country) MONROE Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME JOHN T. WILLIAMSON				13b. MOTHER'S MAIDEN NAME FANNIE SMITH				14. NAME OF HUSBAND OR WIFE ROSE M. WILLIAMSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO						17. INFORMANT Address ROSE M. WILLIAMSON PARIS, Mo. R#3					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 16 hrs 7 1/2	
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 PARIS, MISSOURI				STATE			
21. I attended the deceased from April 14-1961 , to April 14-1961 and last saw him alive on April 14-61 Death occurred at 9:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) J. D. Barnett M.D.						22b. ADDRESS			22c. DATE SIGNED 4-15-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-17-61		23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE				23d. LOCATION (City, town, or county) (State) PARIS, MISSOURI			
24. FUNERAL DIRECTOR E.H. Ogden, Paris, Mo						25. DATE RECD. BY LOCAL REG. 4-15-61		26. REGISTRAR'S SIGNATURE J. D. Barnett M.D.			

MAY 5 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,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address Paris, 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.