

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **17472**

FILED JUN 15 1953

BIRTH NO.

REG. DIST. NO. **77**PRIMARY REG. DIST. NO. **3016**Registrar's No. **159**

1. PLACE OF DEATH a. COUNTY Cole Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo		c. LENGTH OF STAY (If in this place) 33 Hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Latham, Mo (Pio lat Grove)			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				d. STREET ADDRESS (If rural, give location) Latham, Mo 0680			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Walter		c. (Last) Williams		4. DATE OF DEATH (Month) June (Day) 10 (Year) 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept 9 1875	
9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months 9 Days 1		11. IF UNDER 12 HRS. Hours 1 Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Latham, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edw Williams		13b. MOTHER'S MAIDEN NAME Jane Forstor		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Leo Williams Latham Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General debilitation				INTERVAL BETWEEN ONSET AND DEATH Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 9, 1953 , to June 10, 1953 , that I last saw the deceased alive on June 10, 1953 , and that death occurred at 11 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE William R. Cox M.D. M.D.				23b. ADDRESS 125 E. High St - Jefferson City		23c. DATE SIGNED 6-12-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/12/53		24c. NAME OF CEMETERY OR CREMATORY Latham Cemetery		24d. LOCATION (City, town, or county) (State) Latham, Mo	
DATE REC'D BY LOCAL REG. June 12-53		REGISTRAR'S SIGNATURE R.P. Harris M.D. M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Earl Bowlin California		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

Earl Boulton

Licensed Embalmer No. *2126*

P. O. Address. *California, 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 this body is not embalmed, fact should be so stated above.