

CERTIFICATE OF DEATH

124

STATE FILE NUMBER

69 0025279

DO NOT WRITE
ON THIS STUB

9. 0
10a. 83
10b.
11. 1
12. 2
13. 4319
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 3-0

VS 300
Rev. 1/68

4.0681
5.01

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6.0681
PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 33

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. John		WILLIAM	WILLIAMS	MS.	Male	July 8, 1969	
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. white		5a. 83	5b. 4 29	5c.	Feb. 10, 1886		7a. Moniteau
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. California, Mo.		7c. yes		7d. Latham Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
7b. Timberville, W. Va.		U.S.A.		10. widowed		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
4295-09-6271		13a. Salesman		13b. Monument Supplies			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		
14a. Mo.		14b. Moniteau	14c. California		14d. 102 E. 3rd St.		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. J. D. Williams				16. Elizabeth	Fahney		
INFORMANT—NAME		MAILING ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17. Mrs. J. F. Haldiman		St. California, Mo.		405 N. Oak 65018			
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE							
(a) Cerebral hemorrhage						3 weeks	
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Generalized arterio-sclerosis						5 years	
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS:		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO)	
						19a. No	
						IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
						19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e.		20f.		20g.			
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON	
21a. DECEASED FROM		Feb 2, 1960		TO July 9, 1969		21c. July 8 1969	
21b.						21d. did	
CERTIFICATION—MEDICAL EXAMINER OR CORONER. ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
22a.		1 A M. 22b.		DAY YEAR HOUR		22c. 1 A	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Kenyon LATHAM M.D.		23b. Kenyon Latham M.D.		23c. July 9, 1969		23d. 65018	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP	
23a.		California, Mo.					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. Burial		24b. Masonic		24c. California, Mo.			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. 7-10-1969		Wilson Funeral Home		1015 Oak St. California, Mo. 65018			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR'S SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. A.E. Wilson		25b. Florence H. Kely		25c. July 9-1969			

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 A. E. Wilson

Licensed Embalmer No. 2351

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.