URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 24 1960

-60-007243

STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 5747 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MARQUAND
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE: MO b. COUNTY: MADISON
c. CITY OR TOWN: MARQUAND
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First EMMA Middle McWILLIAMS Last
4. DATE OF DEATH: Month 2 Day 15 Year 1960
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 3/15/1875
9. AGE (last birthday): 84
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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): MADISON Co
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: PATRICK WATKINS
13b. MOTHER'S MAIDEN NAME: CASSIE A WHITENAR
14. NAME OF HUSBAND OR WIFE: EMMAT McWILLIAMS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MILDRED POWELL MARQUAND Address: MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma Colon
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ulcerative colitis
DUE TO (c): senility
INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
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. ☐ 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 _____, to 2/13/60 and last saw her alive on 2/13/60
Death occurred at 2/15/60 m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: M Grossman (Degree or title) MD
22b. ADDRESS: Fredericktown MO
22c. DATE SIGNED: 2/18/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2/17/60
23c. NAME OF CEMETERY OR CREMATORY: WHITENAR
23d. LOCATION (City, town, or county) (State): MARQUAND MO
24. FUNERAL DIRECTOR: Elbrman Marquand ADDRESS: MO
25. DATE RECD. BY LOCAL REG.: 2-18-1960
26. REGISTRAR'S SIGNATURE: Florence Sickel

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond B. Wilson

Signature of Student Embalmer

Licensed Embalmer No. 4884

P. O. Address Frederick

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.