

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-009773

FILED VS APR 4 1960

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STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b 2 weeks	c. CITY OR TOWN Centralia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 303 N.Columbia Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First George Middle William Last Williams			4. DATE OF DEATH Month March Day 25 Year 1960			
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5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAR-7-1872	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months 0 Days 18	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming (retired)	11. BIRTHPLACE (City and state or country) Boone County, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Williams	13b. MOTHER'S MAIDEN NAME Catheryn Wright	14. NAME OF HUSBAND OR WIFE Matilda Williams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT Matilda Williams, Centralia, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease; ventricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) carcinoma of prostate; osteo-arthritis, severe	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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year
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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 Centralia	COUNTY Boone	STATE Mo.
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21. I attended the deceased from **6/13/55** to **3/25/60** and last saw ^{has}him _{live} on **3/25/60**
- Death occurred at **7:15** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John L. Ward, M.D.</i>	(Degree or title) M.D.	22b. ADDRESS Centralia, Missouri	22c. DATE SIGNED 3/27/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 28, 1960	23c. NAME OF CEMETERY OR CREMATORY Centralia	23d. LOCATION (City, town, or county) (State) Centralia, Mo.
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24. FUNERAL DIRECTOR <i>Bill G. Meador</i>	ADDRESS <i>Centralia, Missouri</i>	25. DATE RECD. BY LOCAL REG. March 27 1960	26. REGISTRAR'S SIGNATURE <i>Blanche Neely</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 5 1960

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 _____
Signature of Student Embalmer

Signed Bill J. Mendon

Licensed Embalmer No. 4876

P. O. Address Centerville, 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.