

REGISTRY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023963

FILED VS JUN 22 1960
 Registration District No. 255 Primary Registration District No. 5877 Registrar's No. 17

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY OREGON				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MISSOURI b. COUNTY OREGON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ALTON		Length of stay in 1b 2 year		c. CITY OR TOWN ALTON		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JESSE Middle EDWARD Last WILLIAMS				4. DATE OF DEATH Month JUNE Day 10 Year 1960					
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-28-1897	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IN FARMING			10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (City and state or country) DUNKIN CO., MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE EVALYNE NICHOLAS WILLIAMS			
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. NONE		17. INFORMANT MRS. EVALYNE WILLIAMS, ALTON, MISSOURI Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		Mitral Valvular Heart Disease							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		Myocardial Ischemization					
		DUE TO (c)		Arteriosclerosis					
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 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		COUNTY		STATE	
21. I attended the deceased from <u>Jan 1960</u> to <u>Jun 10 1960</u> and last saw him alive on <u>Jun 8 1960</u> Death occurred at <u>1:05 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>[Signature]</i>				22b. ADDRESS <i>[Address]</i>				22c. DATE SIGNED <u>6-15-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE <u>6-12-60</u>	23c. NAME OF CEMETERY OR CREMATORY CAVE SPRING			23d. LOCATION (City, town, or county) ALTON, MISSOURI		(State)	
24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>June 17-60</u>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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 _____

Signature of Student Embalmer

Richard Carter Jr
Signed _____

Licensed Embalmer No. 4516

P. O. Address Weston

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.