

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 31 1960

-60-039250

ENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 258

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Length of stay in 1b <u>20 yrs.</u>		c. CITY OR TOWN <u>Sedalia</u>		Inside Limits Yes ☒ No ☐				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>107 E. Henry</u>		Reside on Farm Yes ☐ No ☐			
3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>Douglass</u> Last <u>Williams</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>22</u> Year <u>1960</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>5/17/14</u>		9. AGE (last birthday) <u>46 yrs.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and state or country) <u>Arrow Rock, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		IF UNDER 1 YEAR Months Days Hours Min.		
13a. FATHER'S NAME <u>Lester Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Talton</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>490-16-9020</u>		17. INFORMANT Address <u>Mrs. Sarah Christian Sedalia, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Intoxic Poisoning</u> DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH <u>One week</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>① Uremia ② Congestive Heart Failure</u>								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 <u>Oct 11, 1960</u> to <u>Oct 23, 1960</u> and last saw him alive on <u>Oct 23, 1960</u> Death occurred at <u>10:01 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>Thomas J. Hopkins M.D.</u>				22b. ADDRESS <u>Sedalia, Mo.</u>		22c. DATE SIGNED <u>10/24/60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/25/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Annex Cem.</u>		23d. LOCATION (City, town, or county) <u>Sedalia.</u>		No. _____		
24. FUNERAL DIRECTOR <u>J. Price Alexander Sedalia, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>10/25/1960</u>		26. REGISTRAR'S SIGNATURE <u>Frances A. Kelly</u>				

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 01 1961

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

Signed



Licensed Embalmer No. 4240

P. O. Address Indianapolis

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.