MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 6 1961

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 116

STATE FILE NUMBER -61-000408

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
9			
2			

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: BUCHANAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 33rd & Olive — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 33rd & Olive — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: REED Middle: EARL Last: WILLIAMS

4. DATE OF DEATH: Month: January Day: 29 Year: 1961

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-1-06

9. AGE (last birthday): 54 — 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): stationary engineer

10b. KIND OF BUSINESS OR INDUSTRY: public school

11. BIRTHPLACE (City and state or country): Holt County, Mo.

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: William L. Williams

13b. MOTHER'S MAIDEN NAME: Margaret Hays

14. NAME OF HUSBAND OR WIFE: Opal Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Opal Williams, Address: 33rd & Olive St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary sclerosis
DUE TO (c):
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

MEDICAL CERTIFICATION

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 Jan 12 1961, to Jan 29, 1961 and last saw him alive on Jan 28, 1961
Death occurred at 10:10 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: S. E. Senor (Degree or title): M.D.

22b. ADDRESS: St. Joseph Mo

22c. DATE SIGNED: 1-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 1-29-61

23c. NAME OF CEMETERY OR CREMATORY: Fillmore Cemetery

23d. LOCATION (City, town, or county) (State): Fillmore, Missouri

24. FUNERAL DIRECTOR: BREIT & HAWKINS ADDRESS: SAVANNAH

25. DATE RECD. BY LOCAL REG.: Feb. 1, 1961

26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed E. C. Breit
Signature of Student Embalmer

Licensed Embalmer No. 2560

P. O. Address Savannah 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.