SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022179
STATE FILE NUMBER

AMENDED

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 79

FILED JUL 6 1961

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN W. Marion — Length of stay in 1b: 3 wks
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant View Rest Home — Inside Limits Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Polk
c. CITY OR TOWN Flemington — Inside Limits Yes ☐ # No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Lillis Middle Ella Last Williams
4. DATE OF DEATH: Month 6 Day 27 Year 61
5. SEX Fe
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH 5/26/77
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) Springtown, Ark.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Amos B. Hill
13b. MOTHER'S MAIDEN NAME Catherine Millard
14. NAME OF HUSBAND OR WIFE Tipton Williams
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 Address Mrs R. L. Whited Louisburg, 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) GASTO-INTESTINAL NEOPLASM
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) & METASTASIS
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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 23 MAY 61 to 28 JUN 61 and last saw her alive on 9 JUN 61
Death occurred at 12:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D
22b. ADDRESS 108 N. MAIN BOLIVAR MO.
22c. DATE SIGNED 28 JUN 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/29/61
23c. NAME OF CEMETERY OR CREMATORY Flemington Cemetery
23d. LOCATION (City, town, or county) (State) Flemington, Missouri

24. FUNERAL DIRECTOR ADDRESS Beckwith Funeral Home Humansville, Mo.
25. DATE RECD. BY LOCAL REG. 6-30-1961
26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed O. H. Beckwith

Signature of Student Embalmer

Licensed Embalmer No. 3937

P. O. Address Hurmanville, V

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.