

# MISSOURI DIVISION OF HEALTH AND WELFARE - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **43**

Primary Registration District No. **3007**

Registrar's No. **279**

**-61-028529**

STATE FILE NUMBER

AMENDED

**FILED SEP 5 1961**

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>ROCK ISLAND</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		Length of stay in 1b <b>2 Yrs. 5 Days</b>	c. CITY OR TOWN <b>EAST MOLINE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADM. HOSPITAL</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1030 16 AVENUE</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>VERN</b> Middle <b>VICTOR</b> Last <b>WILLIAMS</b>			4. DATE OF DEATH Month <b>AUGUST</b> Day <b>25</b> Year <b>1961</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-20-24</b>	9. AGE (last birthday) <b>36</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TOOL GRINDER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TOOL GRINDER</b>	11. BIRTHPLACE (City and state or country) <b>SAFFELL, ARKANSAS</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>JOEL NATHAN WILLIAMS</b>		13b. MOTHER'S MAIDEN NAME <b>ESTHER VIOLA MILLIGAN</b>		14. NAME OF HUSBAND OR WIFE <b>ELSIE WILLIAMS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWII</b>			17. INFORMANT Address <b>VA HOSPITAL, POPLAR BLUFF, MO.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MALNUTRITION.</b>					INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>ENCEPHALOPATHY - CEREBRAL.</b>					
DUE TO (c) <b>PROLONGED HYPOXIA, Secondary to Cardiac arrest</b> <del>During laparotomy under general anesthesia in May 1959</del>					
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 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.)			
20c. TIME OF INJURY Hour a.m. p.m. <b>VA</b>		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.) <b>VA</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>August 20, 1959</b> to <b>Aug. 25, 1961</b> and last saw him on <b>Aug. 25, 1961</b> Death occurred at <b>5:15 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>DAVID V. MILLER, M.D., Pathologist</b>			22b. ADDRESS <b>VA Hospital, Poplar Bluff, Mo.</b>		22c. DATE SIGNED <b>8/25/61</b>
23b. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23c. DATE <b>8-27-61</b>	23d. NAME OF CEMETERY OR CREMATORY <b>Ward Cemetery</b>		23e. LOCATION (City, town, or county) (State) <b>Strawberry, Ark.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Higginbotham's Walnut Ridge, Ark.</b>			25. DATE RECD. BY LOCAL REG. <b>9/1/1961</b>		26. REGISTRAR'S SIGNATURE <b>Thelma Graham</b>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

**10/5/61**

INSTEAD OF

18c. Prolonged hypoxia, secondary to cardiac arrest during laparotomy under gen. anesthesia in May 1959

BY AFFIDAVIT OF Attending physician DOCUMENT

MEDICAL CERTIFICATION

SEP 19 1967

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.