

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033860

STATE FILE NUMBER

AMENDED

Registration District No. 290

Primary Registration District No. _____

Registrar's No. 105

FILED SEP 20 1961

1. PLACE OF DEATH

a. COUNTY

Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)

Waynesville

Length of stay in 1b

5 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

General

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Dent

c. CITY

Salem

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

rt 5

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Mary I Williams

4. DATE OF DEATH

Month

Day

Year

Sept 8 1961

5. SEX

female

6. COLOR OR RACE

white

7. Marital Status

Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

1-15-05

9. AGE (last birthday)

56

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

x

11. BIRTHPLACE (City and state or country)

Dent County Mo

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

J.A. Crabtree

13b. MOTHER'S MAIDEN NAME

Nora Holland

14. NAME OF HUSBAND OR WIFE

Burrs Williams

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

No

x

16. SOCIAL SECURITY NO.

x

17. INFORMANT

Address

Burrs Williams rt 5 Salem 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)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Carcinoma of Lifting Lung

INTERVAL BETWEEN
ONSET AND DEATH
3 Month

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 ☐ Unknown19. 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.)

8-3-61

9-8-61

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____, and last saw her alive on _____

Death occurred at 1:30 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

9-11-61

23c. NAME OF CEMETERY OR CREMATORY

Cedar Grove

23d. LOCATION (City, town, or county)

Salem Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Spencer Funeral Home

Salem, Mo.

25. DATE RECD. BY LOCAL REG.

9-11-61

26. REGISTRAR'S SIGNATURE

C. A. Anderson

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.