

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003057

AMENDED

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

34

STATE FILE NUMBER

FILED JAN 29 1962

1. PLACE OF DEATH

a. COUNTY

Pettis

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

Length of stay in 1b.

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

Inside Limits

Yes ☒ No ☐

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

a. STATE Missouri

b. COUNTY Pettis

c. CITY
OR TOWN Sedalia*Inside Limits*
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1008 East 12thReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

DOROTHY

Middle

L

Last

WILLIAMS

4. DATE
OF DEATH

Month

Day

Year

January 20, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/11/1913

9. AGE (last birthday)

48

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Saline Co.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Albert Lee Rennison

13b. MOTHER'S MAIDEN NAME

Lucy F. Hood

14. NAME OF HUSBAND OR WIFE

James E. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

James E. Williams

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute Co. Bacteremia

INTERVAL BETWEEN
ONSET AND DEATH

6 hours

DUE TO (b)

Status asthmaticus

2 1/2 days

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

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Obstructive Pulmonary Disease, Hypertension

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

Month, Day, Year

a.m.

p.m.

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

8/6/56

to

1/20/62

and last saw her

live on

1/19/62

Death occurred at

2:00 A

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

1/23/62

23c. NAME OF CEMETERY OR CREMATORY

Millers Chapel Cemetery

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

Rural Pettis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Sedalia, Mo.

25. DATE RECD. BY LOCAL REG.

1-25-1962

26. REGISTRAR'S SIGNATURE

Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Secalia, 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.