

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007446

STATE FILE NUMBER

AMENDED

Registration District No. 274Primary Registration District No. 3052Registrar's No. 91

FILED MAR 12 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

25 yrs

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

a. STATE Mob. COUNTY Pettis

admission)

c. CITY

OR TOWN

Sedalia

Inside Limits

Yes ☒ No ☐

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

HOSPITAL OR INSTITUTION Bothwell Hospital

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

1419 Se. Washington

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

HARVEY ALFRED WILLIAMS

4. DATE

OF DEATH

Month

Day

Year

March 4 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

1-3-1897

## 9. AGE (last birthday)

65

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months

Days

Hours

Min.

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

Barber

## 10b. KIND OF BUSINESS OR INDUSTRY

Barber

## 11. BIRTHPLACE (City and state or country)

Benton Co., Mo

## 12. CITIZEN OF WHAT COUNTRY

U. S. A

## 13a. FATHER'S NAME

Samuel H. Williams

## 13b. MOTHER'S MAIDEN NAME

Louella Eaton

## 14. NAME OF HUSBAND OR WIFE

Rena Williams

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

493-12-3437

## 17. INFORMANT

Mrs. Rena WilliamsAddress 1419 Se. Wash.

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

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Generalized Peritonitis

## INTERVAL BETWEEN ONSET AND DEATH

9 months

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

## DUE TO (b)

Primary Peritonitis - noted 1954

## DUE TO (c)

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

Significant Effusion; multiple Bristle-like lesions

## 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 Dec 1961, to March 1962 and last saw him alive on March 3, 1962Death occurred at 2:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Thomas J. Hopkins, M.D.

## 22b. ADDRESS

Sedalia, Mo

## 22c. DATE SIGNED

3/5/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

3-6-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

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

Sedalia

## (State)

Mo

## 24. FUNERAL DIRECTOR

McLaughlin Bros

## ADDRESS

Sedalia

## 25. DATE RECD. BY LOCAL REG.

3-6-62

## 26. REGISTRAR'S SIGNATURE

Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 13 1962

**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 Jerry J. Cantlon

Licensed Embalmer No. 5153

P. O. Address Sedalia, 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.