

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008951

318

1003

2389

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
 a. COUNTY **MAR** 7 1962

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **St. Francois**  
 c. CITY OR TOWN **Doe Run** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **Doe Run** Reside on Farm Yes  No

3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Luke's Hosp.** Inside Limits Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
**Pearl Pauline Williams**

4. DATE OF DEATH Month Day Year  
**Feb. 28, 1962**

5. SEX **Female** 6. COLOR OR RACE **white** 7. Married  Never Married   
 Widowed  Divorced

8. DATE OF BIRTH **9-22-1904** 9. AGE (last birthday) **57** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) **Iron Co., Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Fin Chandler** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Thomas 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. **none** 17. INFORMANT **Thomas Williams Doe Run Mo.** 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) **Carcinoma of Pancreas - Metastatic** INTERVAL BETWEEN ONSET AND DEATH **6 mos**  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) **157 X**

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

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  N.  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 **2/23/62** to **2/28/62** and last saw her alive on **2/28/62**  
 Death occurred at **6:50 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **James A. Newman M.D.** 22b. ADDRESS **5535 Delmar.** 22c. DATE SIGNED **2/28/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **3-3-1962** 23c. NAME OF CEMETERY OR CREMATORY **Libertyville Sem.** 23d. LOCATION (City, town, or county) (State) **Libertyville, Mo.**

24. FUNERAL DIRECTOR **R. Caldwell Flat River, Mo** ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. **2-28-1962** 26. REGISTRAR'S SIGNATURE **Earl Smith M.D.**

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DATE AMENDED

AMENDMENTS, ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

81

**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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.