

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016035

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. _____ Registrar's No. 13

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 26 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH
a. COUNTY **Marion**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Palmyra** Length of stay in 1b _____
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Maple Lawn Rest Home** Inside Limits Yes No

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

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
MARY M WILLIAMS **April 10 1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **Aug 25 1888** 9. AGE (last birthday) **73**
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 _____ 11. BIRTHPLACE (City and state or country) **Quincy Ill.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Henry Wittland** 13b. MOTHER'S MAIDEN NAME **Minnie Tiefenbrunn** 14. NAME OF HUSBAND OR WIFE **Guy 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. _____ 17. INFORMANT **Mary B. Frost** Address **Palmyra, 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) **Senile Dementia**
DUE TO (b) **Arterial Sclerosis Cerebral Vessels**
DUE TO (c) **Fracture of neck of right femur**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 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 3-12-62 to 4-10-62 and last saw her/him alive on 4-9-62
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **E. M. Luede** (Degree or title) **MD** 22b. ADDRESS **Hancock Mo.** 22c. DATE SIGNED **4-13-62** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **April 12 1962** 23c. NAME OF CEMETERY OR CREMATORY **Greenwood Cem.** 23d. LOCATION (City, town, or county) **Palmyra Mo.**

24. FUNERAL DIRECTOR **E. T. Sprague** ADDRESS **Palmyra, Mo.** 25. DATE RECD. BY LOCAL REG. **4-13-62** 26. REGISTRAR'S SIGNATURE **Dr. E. M. Luede**

USE BLACK INK OR TYPEWRITER RIBBON

NAME OF DECEASED
SEX
AGE

DATE OF DEATH
PLACE OF DEATH
CITY AND STATE
CITY AND STATE
CITY AND STATE

EMBALMED BY
LICENSED EMBALMER

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,
by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. J. Ingers

Licensed Embalmer No. 3245
P. O. Address Palmyra, 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.