

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016287

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 164

FILED MAY 1 1962

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia Mo	
Length of stay in lb 17 days		Inside Limits Yes No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell		d. STREET ADDRESS (If outside, give location) Sedalia Mo.	
3. NAME OF DECEASED (Type or print) First Charles Middle Williams Last Williams		4. DATE OF DEATH Month 4 Day 19 Year 62	
5. SEX Male	6. COLOR OR RACE Negro	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒	8. DATE OF BIRTH 7-10-84
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months 4 Days 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Labor	
11. BIRTHPLACE (City and state or country) Ottumwa Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Anderson Williams		13b. MOTHER'S MAIDEN NAME Martha Hill	
14. NAME OF HUSBAND OR WIFE Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 489-22-7800		17. INFORMANT Mrs. Laura Cline	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Arteriosclerotic Cardiovascular Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Secondary Anemia, Epistaxis		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.	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 4-7-62 to 4-19-62 and last saw him alive on 4-19-62 . Death occurred at Sedalia Mo on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A.R. Maddox M.D.		22b. ADDRESS Sedalia Mo	
22c. DATE SIGNED 4-22-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 4-24-62		23c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex	
23d. LOCATION (City, town, or county) Sedalia Mo		24. FUNERAL DIRECTOR ALLEN-SONS Funeral Home	
25. DATE RECD. BY LOCAL REG. April 24, 1962		26. REGISTRAR'S SIGNATURE Frances Shelby	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 L. D. Hardiman

Licensed Embalmer No. 4378

P. O. Address 4037 Osage

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.