MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-016307
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0810
2 1140
3 1
4 1
5 2
6
7 0
8 2
9 3533
10
11
12 56-0
13 2-0

Registration District No. 276 Primary Registration District No. 5945 Registrar's No. 28

FILED APR 24 1962

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN N.Dillon Township — Length of stay in Ib: 2 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeview Nursing Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Wright
c. CITY OR TOWN Mountain Grove — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D.4 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First AVA Middle WELCH Last WILLIAMS
4. DATE OF DEATH: Month APRIL Day 17, Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/25/1904
9. AGE (last birthday): 57 Years — 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): Nurse
10b. KIND OF BUSINESS OR INDUSTRY: General Nursing
11. BIRTHPLACE (City and state or country): Texas County, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: W.T.Welch
13b. MOTHER'S MAIDEN NAME: Lois Green
14. NAME OF HUSBAND OR WIFE: Ashner Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address: Mrs Lena Gladden - Bucyrus, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH: 0
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) During epileptic attack
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Epilepsy.
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 2-22, 1962 to 4-17.1962 and last saw her alive on 2-22.1962
Death occurred at 4:00 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C.V. Hammler, M.D. (Degree or title)
22b. ADDRESS St. James, Mo.
22c. DATE SIGNED 4-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/19/1962
23c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
23d. LOCATION (City, town, or county) (State): Mountain Grove, Missouri

24. FUNERAL DIRECTOR ADDRESS: Barber Funeral Home - Mtn.Grove, Mo
25. DATE RECD. BY LOCAL REG.: 4-20-1962
26. REGISTRAR'S SIGNATURE: Ruth B. Powell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Permit issued 4-17-62 R.P. after contacting m.e.

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 _____ Signed George Stapp

Signature of Student Embalmer

Licensed Embalmer No. 3161

P. O. Address Mt. Grove, 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.