MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017785
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 79

FILED APR 24 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1085
2 0060
3 2
4 0
5 1
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7 1
8 2
9 4201
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12 86-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada — Length of stay in 1b: 15 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): #402 North Cedar St. Jones Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Barton
c. CITY OR TOWN: Liberal — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Adam Middle: Francis Last: Mc Williams
4. DATE OF DEATH: Month: April Day: 11 Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/2/1882
9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months 11 Days 9 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Tenn.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: James Mc Williams
13b. MOTHER'S MAIDEN NAME: Amanda Anderson
14. NAME OF HUSBAND OR WIFE: Blanch Mc 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.: None
17. INFORMANT: Blanch Mc Williams Address: Liberal Mo.

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): Acute Coronary Infarction, recurrent — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — Unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Patient had a Coronary Infarction about 3 weeks ago.
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 April 10, 1962, to April 11, 1962 and last saw ~~him~~ her alive on April 10, 1962
Death occurred at Nevada, Missouri 2:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): R. B. Wray, M.D., F.I.C.S.
22b. ADDRESS: Moore Building, Nevada, Mo.
22c. DATE SIGNED: 4/14/1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/13/1962
23c. NAME OF CEMETERY OR CREMATORY: Barton City Cemetery
23d. LOCATION (City, town, or county) (State): Barton Co. Mo.

24. FUNERAL DIRECTOR: Beeny Funeral Home ADDRESS: Sheldon, Mo
25. DATE RECD. BY LOCAL REG.: April 17-1962
26. REGISTRAR'S SIGNATURE: Anna E Ferry

(Licensed Embalmer's Statement on Reverse Side)

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 H. Bernard Bunz
Signature of Student Embalmer

Licensed Embalmer No. 4161

P. O. Address Sheldon Ind

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.