

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018303

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 243 STATE FILE NUMBER

<b>FILED JUN 5 1962</b>	
1. PLACE OF DEATH	
a. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b> Length of stay in 1b <b>85 yr</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir</b>	
c. CITY OR TOWN <b>Cape Girardeau Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <b>520 Themis St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <b>Anne Huey Williams</b>	
4. DATE OF DEATH Month Day Year <b>May 29 1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 23 - 1877</b>
9. AGE (last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days Hours Min. <b>1 6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>No</b>
11. BIRTHPLACE (City and state or country) <b>Cape Girardeau Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
13a. FATHER'S NAME <b>William Huey</b>	13b. MOTHER'S MAIDEN NAME <b>Anne Juden</b>
14. NAME OF HUSBAND OR WIFE <b>Frank Williams (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>
17. INFORMANT <b>MR. Claud Williams Cape Gir Mo.</b>	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) <b>Generalized arteriosclerosis cardiac and respiratory failure</b>	
DUE TO (b) <b>Fracture basal neck femur esp. with aseptic necrosis from old open past.</b>	
DUE TO (c) <b>old open past.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>will dementia and blindness. 4 yrs ago bilateral eye enucleations.</b>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Fall in nursing home.</b>	
20c. TIME OF INJURY Hour a.m. p.m. <b>3-29-62</b>	Month, Day, Year <b>9 0 4 7 4 5</b>
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>nursing home.</b>
20f. CITY, TOWN, OR LOCATION <b>Jackson. Cape Girardeau Mo.</b>	
21. I attended the deceased from <b>4-9-62</b> to <b>5-29-62</b> and last saw her alive on <b>5-29-62</b> .	
Death occurred at <b>8:20 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Thomas S. Otto M.D.</b>	22b. ADDRESS <b>712 Broadway Cape Girardeau Missouri</b>
22c. DATE SIGNED <b>5-31-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 1 1962</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Fairmount</b>	
23d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo.</b>	
24. FUNERAL DIRECTOR <b>Brinkopf Howell</b>	25. DATE RECD. BY LOCAL REG. <b>June 2-62</b>
ADDRESS <b>Cape Gir Mo.</b>	
26. REGISTRAR'S SIGNATURE <b>Gene Kasten</b>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

VS 300  
Rev. 4/59

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*2169*

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13 *1-0*

**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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau, 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.