

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021583

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 31

STATE FILE NUMBER

FILED JUN 11 1962

VS 300
Rev. 4/59

1 0951
2 09512

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4 1
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7 0
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9 4201
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12 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STE. GENEVIEVE		c. CITY OR TOWN STE. GENEVIEVE	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 78 NORTH MAIN STREET		d. STREET ADDRESS (If outside, give location) 78 NORTH MAIN STREET	
3. NAME OF DECEASED (Type or print) First Middle Last MARTHA CALLIE WILLIAMS		4. DATE OF DEATH Month Day Year JUNE 7 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-22-1889
9. AGE (last birthday) 72		IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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 OWN HOME	11. BIRTHPLACE (City and state or country) SALEM, MISSOURI
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME JOHN MOORE	
13b. MOTHER'S MAIDEN NAME ELIZABETH LAST NAME UNKNOWN		14. NAME OF HUSBAND DECEASED JESSE WILLIAMS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Clyde Albright, Ste. Genevieve, Mo.		Address 503 AUSTIN	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion; Myocardial Infarct</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypertensive Heart Disease</i> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 10 hrs yes
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. <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 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <i>Feb. 1962</i> to <i>June 1962</i> and last saw him alive on <i>May 25, 1962</i> Death occurred at <i>9:30 P.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Reed E. Warts, D.O.</i>		22b. ADDRESS <i>Ste. Genevieve, Mo</i>	
22c. DATE SIGNED <i>6-8-62</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-10-1962	23c. NAME OF CEMETERY OR CREMATORY CRESTLAWN CEMETERY	23d. LOCATION (City, town, or county) (State) STE. GENEVIEVE, MISSOURI
24. FUNERAL DIRECTOR ADDRESS JEROME H. STANTON, STE. GENEVIEVE, MO.		25. DATE RECD. BY LOCAL REG. <i>8 June 1962</i>	26. REGISTRAR'S SIGNATURE <i>George F. Wood</i>

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



Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, 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.