MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021741

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 91

FILED JUN 12 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 1080
2 0390
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4 1
5 3
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7 0
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9 6725
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12 93-0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington Twnshp. — Length of stay in 1b: 4 months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Hospital #3 — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route #6 Box 578 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Carol Middle: Elaine Last: Williams

4. DATE OF DEATH: Month: May Day: 24 Year: 1962

5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 2-23-32
9. AGE (last birthday): 30 — 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): none
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Howard Co - Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Benjamin F. Grapes
13b. MOTHER'S MAIDEN NAME: Veneta Perkins
14. NAME OF HUSBAND OR WIFE: —

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.: not known
17. INFORMANT Address: hospital records

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): Shock — INTERVAL BETWEEN ONSET AND DEATH: 2½ hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hemorrhage, internal — 3½ hrs
DUE TO (c): Ceasarian section (2wks earlier) — 2wks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Schizophrenic reaction, ch. undiff. type

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 January 4, 1962 to May 24, 1962 and last saw her/him alive on May 24, 1962
Death occurred at 825 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: Nevada, Mo
22c. DATE SIGNED: 5-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5/24/1962
23c. NAME OF CEMETERY OR CREMATORY: Clear Creek Cemetery
23d. LOCATION (City, town, or county) (State): Greene County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Ralph Thieme, 1200 Boonville Avenue Springfield, Missouri
25. DATE RECD. BY LOCAL REG.: 6-2-1962
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 Willard L. Strauser

Signature of Student Embalmer

Licensed Embalmer No. 5164

P. O. Address Appd, 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.