

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023684
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 98

VS 300 Rev. 4/59	AMENDED				
10497	DATE AMENDED				
20490					
3					
4 1					
5 1					
6	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS				
7 0	INSTEAD OF				
8 2	DOCUMENT				
9 466X					
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11					
12 2-0					
13 3-0					
USE BLACK INK OR TYPEWRITER RIBBON	ITEM NO. SHOULD READ				
	BY AFFIDAVIT OF				

FILED JUN 28 1962	
1. PLACE OF DEATH a. COUNTY JASPER b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN CARTHAGE Length of stay in 1b DOA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JASPER c. CITY OR TOWN REEDS Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION MCCUNE BROOKS HOSPITAL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED First Middle Last (Type or print) EITHEL FRANCES WILLIAMS	
4. DATE OF DEATH Month Day Year JUNE 15, 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/2/97
9. AGE (last birthday) 64	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) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOMEMAKING
11. BIRTHPLACE (City and state or country) AVILLA, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME J. S. CARTER	13b. MOTHER'S MAIDEN NAME MINNIE ALEXANDER
14. NAME OF HUSBAND OR WIFE CLARENCE WILLIAMS, SR.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of serv.) NO
16. SOCIAL SECURITY NO. A	17. INFORMANT Address CLARENCE WILLIAMS, SR., REEDS, MO.
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Embolus, Cerebral INTERVAL BETWEEN ONSET AND DEATH sudden DUE TO (b) Thrombosed Varicose veins DUE TO (c) both legs	
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 April 1948 to June 15, 1962 and last saw her alive on June 15, 1962 Death occurred at 7:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) George H. Wood	22b. ADDRESS M.D., 1515 HAZEL, CARTHAGE, MO.
22c. DATE SIGNED 6/18/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6/19/62
23c. NAME OF CEMETERY OR CREMATORY WILLIAMS CEMETERY	23d. LOCATION (City, town, or county) (State) JASPER COUNTY, MO.
24. FUNERAL DIRECTOR ADDRESS ULMER FUNERAL HOME, CARTHAGE, MO.	25. DATE RECD. BY LOCAL REG. 6-19-62
26. REGISTRAR'S SIGNATURE EM Clinton	

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 Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.