

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-023997

STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 5786 Registrar's No. 53

FILED JUL 10 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ohio Township		c. CITY OR TOWN Wyatt	
Length of stay in 1b 25 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION P.O. Box 85		d. STREET ADDRESS (If outside, give location) P. O. Box 85	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Preston Middle Foster Last Williams			4. DATE OF DEATH Month July Day 3 Year 1962		
5. SEX Male	6. COLOR OR RACE Col.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Baby <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 8, 1962	9. AGE (last birthday) IF UNDER 1 YEAR: Months 25 Days 25 Hours 0 Min. 0 IF UNDER 24 HR: Months 0 Days 25 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME -----		13b. MOTHER'S MAIDEN NAME Ethel Lee Williams	
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) -----		16. SOCIAL SECURITY NO. -----	
17. INFORMANT Ethel Jones, P.O.Box 85, Wyatt, Missouri		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 3 days
IMMEDIATE CAUSE (a) Infections diarrhea & dehydration		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Dehydration	
DUE TO (c)		

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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)	
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20c. TIME OF INJURY Hour 10:05 a.m. 10:05 p.m.	Month, Day, Year		
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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
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21. I attended the deceased from July 3 62 to July 3 62 and last saw her/him alive on July 3 62
Death occurred at 10:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>T. P. Fenton, D.O.</i>	(Degree or title)	22b. ADDRESS <i>108 N. Main, Charleston, Mo.</i>	22c. DATE SIGNED <i>7/5/62</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 5, 1962	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) Charleston, Missouri
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24. FUNERAL DIRECTOR <i>L. R. Sparks</i>	ADDRESS Charleston, Mo.	25. DATE RECD. BY LOCAL REG. 7-6-62	26. REGISTRAR'S SIGNATURE <i>Dorothy B. Hawthorn</i>
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Permit issued
7-5-62
JFK

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 Jas. A. Carter
Licensed Embalmer No. 4481

P. O. Address 6211 1/2 Ave

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.