

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026230

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 915

DO NOT WRITE ON THIS STUB

AMENDED

**FILED AUG 8 1962**

1. PLACE OF DEATH  
 a. COUNTY Butler  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Paplar Bluff Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF HOSPITAL OR INSTITUTION Dr Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo b. COUNTY Wayne  
 c. CITY OR TOWN Piedmont Inside Limits Yes  No   
 d. STREET ADDRESS E Elm (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Wzley Middle C. Last Williams 4. DATE OF DEATH Month July Day 22 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH July 17-76 9. AGE (last birthday) 86 10. UNDER 1 YEAR Months 0 Days 5 11. UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Blacksmith 10b. KIND OF BUSINESS OR INDUSTRY General 11. BIRTHPLACE (City and state or country) Reynolds, Co. Mo 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME John Williams 13b. MOTHER'S MAIDEN NAME Nancy Tripp 14. NAME OF HUSBAND OR WIFE Laura Tolley (Deceased)

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 A Charles Williams Address Silver Mo

18. CAUSE OF DEATH (Enter only one cause per line)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Coronary occlusion  
 DUE TO (b) Chest Trauma  
 DUE TO (c) Auto accident  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.  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.) Auto accident

20c. TIME OF INJURY Hour 2 p.m. Month, Day, Year 7 22 62

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 7-22-62 to death and last saw him alive on 7-22-62  
 Death occurred at 3:25 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. E. Kopley MD 22b. ADDRESS Knight Clinic Paplar Bluff 22c. DATE SIGNED 7/25/62

23a. BURIAL, CREMATION, REPAVAL (Specify) Buried 23b. DATE 7-25-62 23c. NAME OF CEMETERY OR CREMATORY Sutton Cemetery 23d. LOCATION (City, town, or county) (State) Vulcan Iron Co. Mo.

24. FUNERAL DIRECTOR William Cooker ADDRESS Piedmont Mo 25. DATE RECD. BY LOCAL REG. 8-1-1962 26. REGISTRAR'S SIGNATURE Thelma Seaman

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

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 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

**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 Carter Funeral Home, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William Cooper

Licensed Embalmer No. 3723

P. O. Address Fredmont 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.