

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034614

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 4236 Registrar's No. 139

FILED OCT 15 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

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>IRON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>IRON</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DES ARC</u> | | c. CITY OR TOWN <u>DES ARC</u> | |
| Length of stay in 1b | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DES ARC</u> | | d. STREET ADDRESS (If outside, give location) <u>DES ARC</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>FRED WOODROW WILLIAMS</u> | | | 4. DATE OF DEATH Month Day Year <u>10-3-62</u> |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>8-19-1914</u> |
| 9. AGE (last birthday) <u>48</u> | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>PIPE LINE</u> | 11. BIRTHPLACE (City and state or country) <u>CORRIAN MO</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>WALTER WILLIAMS</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>GLADYS RUBLE</u> | | 14. NAME OF HUSBAND OR WIFE <u>DES ARC MO.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W W 2</u> | | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | |
| 17. INFORMANT <u>GLADYS WILLIAMS</u> | | Address <u>DES ARC MO.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Aspiration of vomitus</u> DUE TO (b) <u>ALCOHOLIC GASTRITIS</u> DUE TO (c) <u>ACUTE ALCOHOLISM</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>2 da.</u> <u>10 da</u> |
| 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 |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>10-3-62</u> to <u>10-3-62</u> and last saw ^{her} him alive on <u>10-3-62</u> | | Death occurred at <u>11:40</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) <u>[Signature]</u> | | 22b. ADDRESS <u>Piedmont, MO.</u> | 22c. DATE SIGNED <u>10-4-62</u> |
| 23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>10-6-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>SUTTON CEM</u> | 23d. LOCATION (City, town, or county) (State) <u>WHLCAN MO.</u> |
| 24. FUNERAL DIRECTOR <u>GISH FUNERAL HOME</u> | | 25. DATE RECD. BY LOCAL REG. <u>10-5-62</u> | 26. REGISTRAR'S SIGNATURE <u>Ma Avis Jones</u> |

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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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin E. Soules

Licensed Embalmer No. 4426

P. O. Address Piedmont, 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.