

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-62-042408**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 93

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10 451  
20 457

3  
4 0  
5 2

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7 0

8 2  
9 200

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12 86-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. <b>FILED NOV 27 1962</b> PLACE OF DEATH a. COUNTY <b>Howard</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fayette, Mo.</b>		Length of stay in 1b <b>18 Months</b>	c. CITY OR TOWN <b>Fayette</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wells Rest Haven</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R.R. Richmond Twp.</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. <b>NAME OF DECEASED</b> (Type or print) First <b>JAMES</b> Middle <b>TURNER</b> Last <b>WILLIAMS</b>			4. <b>DATE OF DEATH</b> Month <b>NOV.</b> Day <b>18,</b> Year <b>1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. <b>DATE OF BIRTH</b> <b>17/25/1874</b>
9. AGE (last birthday) <b>88</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b> <b>Self Employed</b>	11. <b>BIRTHPLACE</b> (City and state or country) <b>Howard Co. Mo.</b>
12. <b>CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>		13a. <b>FATHER'S NAME</b> <b>Eriah Milton Williams</b>	
13b. <b>MOTHER'S MAIDEN NAME</b> <b>Emma T. Rains</b>		14. <b>NAME OF HUSBAND OR WIFE</b> <b>Harriett E. Wisley</b>	
15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. <b>SOCIAL SECURITY NO.</b> -----	17. <b>INFORMANT</b> Address <b>Cecil M. Williams Fayette, Mo.</b>
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. <b>DEATH WAS CAUSED BY:</b> IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis generalized</b> DUE TO (c) _____ PART II. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> 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			INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b> <b>Unknown</b>
19. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. <b>ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
20c. <b>TIME OF INJURY</b> Hour _____ a.m. _____ p.m. _____	20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. <b>CITY, TOWN, OR LOCATION</b> COUNTY STATE
21. I attended the deceased from <b>Sept 1 1941</b> to <b>Nov 18 1962</b> and last saw her/him alive on <b>Nov 1 1962</b> Death occurred at <b>4:00 a</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. <b>SIGNATURE</b> (Deceased or title) <i>James T. Turner</i>	
22b. <b>ADDRESS</b> <i>Fayette, Mo</i>		22c. <b>DATE SIGNED</b> <b>11-19-62</b>	
23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	23b. <b>DATE</b> <b>11/20/1962</b>	23c. <b>NAME OF CEMETERY OR CREMATORY</b> <b>Walnut Ridge Cemetery</b>	23d. <b>LOCATION</b> (City, town, or county) (State) <b>Fayette, Missouri</b>
24. <b>FUNERAL DIRECTOR</b> ADDRESS <i>Halph A. Carr Fayette, Mo.</i>		25. <b>DATE RECD. BY LOCAL REG.</b> <b>11-19-62</b>	26. <b>REGISTRAR'S SIGNATURE</b> <i>Katherine Welch</i>

USE BLACK INK OR TYPEWRITER RIBBON

NOV 30 1962

DEC 3 1962

Permit issued 11-19-62

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayette, 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.