

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043736

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 134

FILED NOV 20 1962

1. PLACE OF DEATH

a. COUNTY

PULASKI

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

WAYNESVILLE

Length of stay in 1b

1 1/2 mo's

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Pulaski County Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

PULASKI

c. CITY

Richland

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Rt # 3

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

NORA

Middle

LOUISE WILLIAMS

Last

4. DATE OF DEATH

Month

Day

Year

Nov 11

1962

5. SEX

FEMALE

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Sept 15-1885

9. AGE (last birthday)

77

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

Domestic

11. BIRTHPLACE (City and state or country)

Pulaski County MO

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

DAN SALSMAU

13b. MOTHER'S MAIDEN NAME

MARY (UNKNOWN)

14. NAME OF HUSBAND OR WIFE

Jesse Monroe Williams

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.

NONE

17. INFORMANT

Jesse Monroe Williams Jr. Richland MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

1. acute pulmonary congestion 6 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

2. cor pulmonale

2 years

DUE TO (c)

3. arteriosclerosis & Diabetes

10 years

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 ☐ Unknown19. 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.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

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 5 YEARS to DEATH and last saw her alive on NOV. 10-62. Death occurred at 12:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Jesse Monroe Williams Jr.

22b. ADDRESS

Richland Missouri

22c. DATE SIGNED

11-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

11-13-1962

23c. NAME OF CEMETERY OR CREMATORY

OAK LAWN Cemetery

23d. LOCATION (City, town, or county)

Richland PULASKI MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

Moss Williams Richland, MO

25. DATE RECD. BY LOCAL REG.

11-13-62

26. REGISTRAR'S SIGNATURE

Paula Grace Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0850

2 0850

3

4 0

5 2

6

7 0

8 2

9 4500

10

11

12 1-0

13 1-0

NOV 26 1962

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 Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.

Remains returned 11-13-62