

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049256

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 340 Primary Registration District No. 2075 Registrar's No. 131

STATE FILE NUMBER

FILED JAN 2 1963

1. PLACE OF DEATH a. COUNTY <u>stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dexter</u>		Length of stay in 1b <u>3 mos.</u>	c. CITY OR TOWN <u>Parma</u> 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>Reynolds Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Parma</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Freddie Calvin Williams</u>			4. DATE OF DEATH Month Day Year <u>Dec. 14, 1962</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>cauc.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>March 5, 1887</u>
9. AGE (last birthday) <u>75 yrs.</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer and saw mill owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hullman, Ala.</u>	11. BIRTHPLACE (City and state or country) <u>Hullman, Ala.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>Elic Williams</u>	
13b. MOTHER'S MAIDEN NAME <u>Judy Coffey</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Pearl Williams, Parma, Mo.</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Advanced arteriosclerosis</u>			<u>8 years</u>
DUE TO (c) <u>Chronic pharyngitis</u>			<u>4 years</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 <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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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>Nov 10 1962</u> to <u>Dec 14 1962</u> and last saw her/him alive on <u>Dec 14 1962</u> Death occurred at <u>9:45 P.M.</u> 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		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMAINS (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>Dec. 17, 1962</u>	<u>Taylor Cemetery</u>	<u>2 mi. S Essex Mo.</u>
24. GENERAL DIRECTOR'S ADDRESS <u>Williams and sons, Parma, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12/20/62</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

1035  
20720

3

4 0

5 1

6

7 1

8 0

94500

10

11

1286-0

132-0

USE BLACK INK OR TYPEWRITER RIBBON

JAN 9 1963

*Funeral Permit  
12-14-62  
BJ*

**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 *Earl Nicoletti*

Licensed Embalmer No. 4964

P. O. Address *Dexter, 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.