MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-002832
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 274 Primary Registration District No. 2062 Registrar's No. 12

FILED JAN 11 1963

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia
Length of stay in 1b: 2 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 419 No Grand
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pettis
c. CITY OR TOWN Sedalia
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 419 No Grand
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Alexander Middle Williams Last
4. DATE OF DEATH Month Jan. Day 8, Year 1963
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 11-10-1873
9. AGE (last birthday) 89
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) Mine Worker
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (City and state or country) Ky
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Williams Williams
13b. MOTHER'S MAIDEN NAME Eliza Ann Cooper
14. NAME OF HUSBAND OR WIFE Eva 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. No
17. INFORMANT Address John Henry Williams - Galveston, Tex

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myocarditis & Myocardial Degeneration. — INTERVAL BETWEEN ONSET AND DEATH: 6 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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

MEDICAL CERTIFICATION

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.)
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 Mar 1961 to 8 Jan 1963 and last saw him alive on 3 Jan 1963
Death occurred at 3:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Glenn A. Walker D.O.
22b. ADDRESS Sedalia, Missouri
22c. DATE SIGNED 1/9/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 10, 1963
23c. NAME OF CEMETERY OR CREMATORY Dayton
23d. LOCATION (City, town, or county) (State) Dayton Mo

24. FUNERAL DIRECTOR ADDRESS W. Laughlin Bros Sedalia Mo.
25. DATE RECD. BY LOCAL REG. Jan. 9, 1963
26. REGISTRAR'S SIGNATURE Frances Shelby per N. Endicott

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0808		
2	0808		
3			
4	0		
5	2		
6			
7	1		
8	0		
9	4222		
10			
11			
12	90 - 2		
13	1 - 0		

BY AFFIDAVIT OF DOCUMENT

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed K. P. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.