

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002833

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 13

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0808

2 0808

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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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
Length of stay in lb <u>40 Years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Bothwell Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>910 South Lamine Avenue</u>	
3. NAME OF DECEASED (Type or print) <u>HENRY L. WILLIAMS</u>		4. DATE OF DEATH Month <u>January</u> Day <u>7</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>11-2-1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Store</u>	
11a. FATHER'S NAME <u>Forest Williams</u>		11b. MOTHER'S MAIDEN NAME <u>Alice 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>510-09-8698</u>	
17. INFORMANT <u>Mrs. Alice Williams - Sedalia, Missouri</u>		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>Cardiac arrest</u> DUE TO (b) <u>acute coronary occlusion</u> DUE TO (c) <u>arteriosclerotic Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
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"/>	
20c. TIME OF INJURY Hour <u>5:00pm</u> Month, Day, Year <u>Jan 3, 1963</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>2 years</u> <u>2 years</u>	
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.) <u>Sedalia, Mo.</u>	
20f. CITY, TOWN, OR LOCATION <u>Sedalia, Missouri</u>		20g. COUNTY <u>Pettis</u>	
20h. STATE <u>Missouri</u>		20i. INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>2 years</u>	
21. I attended the deceased from <u>Sept 1960</u> to <u>Jan 3, 1963</u> and last saw her alive on <u>Jan 3, 1963</u> Death occurred at <u>7 January 1963</u> in of the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE <u>David L. Edwards M.D.</u>	
22a. SIGNATURE <u>David L. Edwards M.D.</u>		22b. ADDRESS <u>Sedalia, Mo.</u>	
22c. DATE SIGNED <u>8 Jan 63</u>		22d. DATE RECD. BY LOCAL REG. <u>January 9, 1963</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>January 9, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		23d. LOCATION (City, town, or county) <u>Sedalia, Missouri</u>	
24. FUNERAL DIRECTOR <u>D.W. Heckart, Gillespie Funeral Home</u>		25. REGISTRAR'S SIGNATURE <u>Frances Shelby per N. Anderson</u>	

JAN 29 1963

JAN 15 1963

MAR 1 1963

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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 _____, Student Embalmer No. 692
working under my personal supervision.

Student

Eric Beckert

Signature of Student Embalmer

Signed

Eric Beckert

Licensed Embalmer No.

3470

P. O. Address

Lebanon, 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.