MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE Primary Registration District No. 3052 Registrar's No. 5 DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. STATE Missourib. COUNTY Pettis a. COUNTY VS 300 Pettis admission) Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b Inside Limits Sedalia TOWN 27 years TOWN Yes Mr No □ Sedalia c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Ferm HOSPITAL OR INSTITUTION Yes 🕞 No 🗀 309 East Third Yes ☐ No 🗖 Bothwell Hospital 3. NAME OF DECEASED Middle 4. DATE Month Dav Year CAROLINE WILLIAMS (Type or print) LILI IAN February 16, 1963 DEATH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 6. COLOR OR RACE 5. SEX 7. Married 🔲 Never Married -DATE OF BIRTH 4/13/1876 Months Widowed 3 Divorced White 2_ Female 10b. KIND OF BUSINESS OR INDUSTRY 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Cross Timbers, Missouri U.S.A. Own Home Housewife ð 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME David D. Williams. deceased Lizzie P. Davis Jesse F. Moore 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? T.H. Williams, St. Louis, Missouri 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN 10 IMMEDIATE CAUSE (a) ō 11 NSTEAD Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was there a pregnancy, in last 90 days. disease condition given in PART I (a) ☐ Yes □ No ☐ Unknown AMENDMENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in PART I or PART II of form 18.) 19. WAS AUTOPSY HOMICIDE 20a, ACCIDENT SUICIDE PERFORMED? YES | NO 20c. TIME OF Hou Month, Day, Year RBBON INJURY e.m. -20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK BLACK **TYPEWRITER** READ 21....l. attended the deceased from m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 22c. DATE SIGNED 22a, SIGNATURE ъ Z3c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23Ь. DATE Hickory County, Mo. ġ Guier Cemetery 2/19/63 26 REGISTRAR'S SIGNATUR DATE RECD. BY LOCAL REG.

Missouri Missouri

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

or by		· .	Signed R. Baker
working ui Student	nder my personal s	supervision.	
;	Signature of Student Embalmer		•
	•		Licensed Embalmer No. 2419
F	. •		P. O. Address Sedular

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.

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