

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-021005

STATE FILE NUMBER

Registration District No. 374 Primary Registration District No. 3052 Registrar's No. 171

FILED MAY 22 1963

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED				
1 0808					
2 20808					
3					
4 0					
5 1					
6					
7 0					
8 2					
9 4200					
10					
11					
12 1-0					
13 1-0					
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF				
ITEM NO.	SHOULD READ				
BY AFFIDAVIT OF	DOCUMENT				

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) OR TOWN <u>116 East Chestnut</u>		Length of stay in 1b <u>32 years</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>416 East Chestnut</u>	
3. NAME OF DECEASED (Type or print) First <u>WILLIE</u> Middle <u>WALKER</u> Last <u>WILLIAMS</u>		4. DATE OF DEATH Month <u>May</u> Day <u>14</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>3/28/77</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and state or country) <u>Cooper County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Reed Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Birdie Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Birdie 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>500-10-5195</u>		17. INFORMANT <u>Mrs. Birdie Williams</u> Address: <u>416 East Chestnut Sedalia, Mo.</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>Acute Myocardial Infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u>
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) <u>Arteriosclerotic Heart disease; Complete heart block.</u>				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 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>February 1, 1960</u> , to <u>May 14, 1963</u> and last saw <u>alive</u> on <u>May 14, 1963</u> Death occurred at <u>8:10 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Albert J. Campbell, M.D.</u>		22b. ADDRESS <u>312 1/2 So Ohio, Sedalia Mo.</u>		22c. DATE SIGNED <u>5-15-63</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/16/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Berea Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cooper County, Missouri</u>	
24. GENERAL DIRECTOR'S ADDRESS <u>Wm. C. Ewing, Sedalia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 15, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby Peirce</u> <u>D. Anderson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 P. E. Baker

Licensed Embalmer No. 2419

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.