

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025337

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

274
FILED JUN 19 1963

2052

206

VS 300
Rev. 4/59

DATE AMENDED

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 Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 421 W. Johnson St.		d. STREET ADDRESS (If outside, give location) 421 W. Johnson St. Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Levi Middle H. Last Williams		4. DATE OF DEATH Month 6 Day 14 Year 63	
5. SEX Female	6. COLOR OR RACE Negro	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 5/26/07
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Glenco Mo.
13a. FATHER'S NAME Peter Brown		13b. MOTHER'S MAIDEN NAME Julia Smith	14. NAME OF HUSBAND OR WIFE Addison Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 486-36-2275	
17. INFORMANT Addison Williams, Husband		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) Pulmonary Edema DUE TO (b) Metastasis from carcinoma of both breasts DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 days 1954 1962
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
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 1954 to 6-14-63 and last saw her alive on 6-14-63 Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R.L. Walker M.D. (Degree or title)		22b. ADDRESS Sedalia, Missouri	22c. DATE SIGNED 6-15-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/19/63	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	23d. LOCATION (City, town, or county) (State) Sedalia Missouri
24. FUNERAL DIRECTOR Allen-Sons Funeral Home, Sedalia Mo.		25. DATE RECD. BY LOCAL REG. June 17, 1963	26. REGISTRAR'S SIGNATURE James N. Anderson

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

L. D. Hardiman

Licensed Embalmer No.

4378

P. O. Address

Bedalia 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.

And if this body is not embalmed, fact should be so stated above.