

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029474

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 228 Primary Registration District No. 4413 Registrar's No. 100

STATE FILE NUMBER

FILED JUL 24 1963

VS 300 Rev. 4/59

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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 <u>Frankford</u> <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Frankford</u>		c. CITY OR TOWN <u>Frankford</u>	
Length of stay in 1b <u>64 years</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Leslie Williams</u>			4. DATE OF DEATH Month <u>July</u> Day <u>17</u> Year <u>1963</u>	
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-27-1887</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Boila Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>Robert Lee Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Janie Mallicoat</u>	14. NAME OF HUSBAND OR WIFE <u>C.H. Benn</u>
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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>[Redacted]</u>	17. INFORMANT <u>C.H. Benn</u>	Address <u>Frankford Mo.</u>
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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>uremia complicating Hypertensive Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Stroke Paralysis</u>	
	DUE TO (c) <u>Arteriosclerosis</u>	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour <u> </u> a.m. / p.m. Month, Day, Year <u> </u>	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
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21. I attended the deceased from 7-24-62 to 7-17-63 and last saw him alive on 7-17-63
Death occurred at 3:40 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>E. P. Hansen</u>	(Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Frankford Mo.</u>	22c. DATE SIGNED <u>7-19-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-19-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	23d. LOCATION (City, town, or county) <u>Frankford Mo.</u>	(State)
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24. FUNERAL DIRECTOR <u>Megown Funeral Home</u>	ADDRESS <u>Frankford Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7-21-63</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collins</u>
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USE BLACK INK OR TYPEWRITER RIBBON

AUG 29 1963

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 James O. Murrell

Licensed Embalmer No. 4152

P. O. Address Boonville, 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.