

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030998

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 340 Primary Registration District No. 4503 Registrar's No. 61

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 26 1963

VS 300
Rev. 4/59

1 1030
2 1030
3
4 0
5 1
6
7 0
8 0
9 4500
10
11
12 90-2
13 2-0

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>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bernie</u>		Length of stay in 1b	c. CITY OR TOWN <u>Bernie</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>the family home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Mack</u> Middle <u>M.</u> Last <u>Williams</u>		4. DATE OF DEATH Month <u>July</u> Day <u>12</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>4-7-1898</u>
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	9. AGE (last birthday) <u>65</u>
13a. FATHER'S NAME <u>Jim Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Flora Keller</u>	11. BIRTHPLACE (City and state or country) <u>Bernie, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>no</u>)		17. INFORMANT Address <u>Mack C. Williams, Louisville, Ky.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</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)			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 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>Dec. 15, 1962</u> to <u>July 10, 1963</u> and last saw her alive on <u>July 10, 1963</u> Death occurred at <u>7:25</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>V. D. Keller, Jr.</u> (Degree or title)		22b. ADDRESS <u>Bernie, Mo.</u>	22c. DATE SIGNED <u>7-13-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 14, 63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bernie cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bernie Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Chiles Und. Co., Bloomfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7/16/63</u>	26. REGISTRAR'S SIGNATURE <u>Velma J. Ferber</u>

USE BLACK INK OR TYPEWRITER RIBBON

JUL 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,

& by Lulu Cooper # 3499, Student Embalmer No. _____

working under my supervision.

Student _____
Signature of Student Embalmer

Signed Juan C. Cooper

Licensed Embalmer No. 4779

P. O. Address Bloomfield, 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.