

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037121

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 323

FILED SEP 24 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1 1808			
2 27040			
3			
4 0			
5 1			
6			
7 0			
8 2			
9 22043			
10			
11			
12 270-0			
13 1-0			

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California COUNTY Santa Clara	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sunnyvale	
Length of stay in 1b 7 weeks		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 510 Dal-Whi-Mo		d. STREET ADDRESS 901 Azure	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First ELMER Middle EUGENE Last WILLIAMS		4. DATE OF DEATH Month September Day 15 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 6-12-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Grocery	
11. BIRTHPLACE (City and state or country) Lafayette County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thomas E. Williams		13b. MOTHER'S MAIDEN NAME Minerva Ellen	
14. NAME OF HUSBAND OR WIFE Mrs. Lee Ora Williams		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 495-24-7046		17. INFORMANT Address Mrs. Lee Williams, Sunnyvale, California	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Lymphatic Leukemia 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. ☐ 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 8-5-63 Month, Day, Year 9-15-63 a.m. p.m.	
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 Sedalia, Missouri		20g. COUNTY Sedalia	
20h. STATE Missouri		21. I attended the deceased from 8-5-63 to 9-15-63 and last saw him alive on 9-15-63 Death occurred at 8:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE D.W. Heckart (Degree or title)		22b. ADDRESS Sedalia, Mo	
22c. DATE SIGNED 9/17/63		23a. BURIAL CREMATION, REMOVAL (Specify) Burial	
23b. DATE 9-18-1963		23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	
23d. LOCATION (City, town, or county) Sedalia, Missouri		24. FUNERAL DIRECTOR D.W. Heckart, Gillespie Funeral Home	
25. DATE RECD. BY LOCAL REG. Sept 18, 1963		26. REGISTRAR'S SIGNATURE Francis J. Kelly, Jr.	

(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1964

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. 692

working under my personal supervision.

Student Luc Neckart
Signature of Student Embalmer

Signed John R. Turner
Licensed Embalmer No. 5173

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.