

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044991

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED DEC 3 1963

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

PULASKI

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN

WAYNESVILLE

Length of stay in 1b
22 HOURSc. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION

PULASKI County Hosp

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

MILLER

c. CITY
OR TOWN

BRUMLEY

Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS(If outside, give location)
RURAL ROUTE 1Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

MARY

Middle

ELLEN

Last

WILLIAMS

4. DATE

OF

DEATH

Month

Day

Year

November

27,

1963

5. SEX

Female

6. COLOR OR RACE

WHITE

7. Married

Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/19/97

9. AGE (last birthday)

66

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

BRUMLEY, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

HENRY WALL

13b. MOTHER'S MAIDEN NAME

MARIAH C. GRAHAM

14. NAME OF HUSBAND OR WIFE

ADRON A. 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.

no

17. INFORMANT

ADRON A WILLIAMS BRUMLEY, MO. PERI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO

1) Cardiac embolus.

DUE TO

2) Left femoral thrombosis

DUE TO

3) Hypertensive + Diabetes

INTERVAL BETWEEN
ONSET AND DEATH

1 hour.

28 hours

years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I.PART III. If deceased was female was
there a pregnancy in last 90 days☐ Yes ☒ No ☐ Unknown19. 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
Death occurred atto 12/27/63 and last saw her alive on 12/27/63
9:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

H. H. H. M. O.

22b. ADDRESS

RICHLAND, MO.

22c. DATE SIGNED

11-27-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

11/30/63

23c. NAME OF CEMETERY OR CREMATORY

HAWKINS Cemetery

23d. LOCATION (city, town, or county)

Miller County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Walter Hedges CAMDEN, MO.

25. DATE RECD. BY LOCAL REG.

11-30-63

26. REGISTRAR'S SIGNATURE

Paula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10-11-84

MAR 11 1984

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

Walter Hedges

Licensed Embalmer No.

4365

P. O. Address

CAMDENTON, 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.