

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

60-63-047533
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 99 Primary Registration District No. 4169 Registrar's No. 60

FILED DEC 16 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 DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY DeKalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osborn		Length of stay in 1b 20yrs.	c. CITY OR TOWN Osborn Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	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) First WILLIAM Middle FRANKLIN Last WILLIAMSON			4. DATE OF DEATH Month Dec. Day 10 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/17-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Saw Mill Operator		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 84
13a. FATHER'S NAME James Williamson		13b. MOTHER'S MAIDEN NAME Saphronie Denton	11. BIRTHPLACE (City and state or country) Evonna Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv No.		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia Seizure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio Sclerosis DUE TO (c)		12. CITIZEN OF WHAT COUNTRY U.S.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		14. NAME OF HUSBAND OR WIFE Julia Williamson	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		17. INFORMANT Mrs. Julia Williamson, Osborn Mo.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		18. CAUSE OF DEATH (continued) 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	
20c. TIME OF INJURY Hour Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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 Jan 6 1960 to Dec 10, 1963 and last saw him alive on Dec 10, 1963 Death occurred at 6 p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. Weiger M.D.		22b. ADDRESS Maysville Missouri	
22c. DATE SIGNED 12/13/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-12-63	
23c. NAME OF CEMETERY OR CREMATORY Evergreen		23d. LOCATION (City, town, or county) Osborn Missouri	
24. FUNERAL DIRECTOR Pilcher Funeral Home Maysville Missouri		25. DATE RECD. BY LOCAL REG. 12-14-63	
26. REGISTRAR'S SIGNATURE Arthur E. Davidson			

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  _____
C.T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville Missouri

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.