

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

20002784

STATE FILE NUMBER

VS 300
Rev. 4/59

10808

20808

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9592x

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12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Sedalia</i>		c. CITY OR TOWN <i>Sedalia</i>	
Length of stay in lb <i>Life</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Bothwell Hosp</i>		d. STREET ADDRESS (If outside, give location) <i>510 So. Quincy Ave</i>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <i>Carolyn Marie Williams</i>		4. DATE OF DEATH Month Day Year <i>Jan. 18, 1965</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12-6-1946</i>
9. AGE (last birthday) <i>18</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home</i>		11. BIRTHPLACE (City and state or country) <i>Sedalia Mo</i>
12. CITIZEN OF WHAT COUNTRY <i>USA</i>			
13a. FATHER'S NAME <i>Chas. F. Bryant</i>		13b. MOTHER'S MAIDEN NAME <i>Mary A. Eichholz</i>	
14. NAME OF HUSBAND OR WIFE <i>Harold Allen Williams</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>Harold Allen Williams, Sedalia Mo</i>	
17. INFORMANT Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Glomerular Nephritis, chronic</i> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <i>15 years</i>	
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 <i>30 Dec 1964</i> to <i>18 Jan 1965</i> and last saw her alive on <i>18 JAN 1965</i> Death occurred at <i>2:15 pm</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Daniel R. Edwards MD</i>		22b. ADDRESS <i>Sedalia Missouri</i>	
22c. DATE SIGNED <i>19 JAN 1965</i>			
23a. BURIAL, CREMATION, REINTERMENT (Specify) <i>Burial</i>		23b. DATE <i>1-22-1965</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Abel</i>		23d. LOCATION (City, town, or county) (State) <i>Sedalia Mo</i>	
24. FUNERAL DIRECTOR ADDRESS <i>McKaggle Bros - Sedalia Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Jan. 22, 1965</i>	
26. REGISTRAR'S SIGNATURE <i>Frank Shelby per D. Anderson</i>			

USE BLACK INK

OR

TYPEWRITER RIBBON

Edward 1000518

JAN 27 1965

MAILED 4 1965

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

RPM Cray

Licensed Embalmer No. 3153

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.