

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0046390

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. _____
FILED DEC 14 1966

VS 300
Rev. 4/59

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 Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) Marceline		c. CITY OR TOWN Brookfield	
Length of stay in 1b 1 day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) St. Francis Hospital		d. STREET ADDRESS (If outside, give location) 313 Nicholes	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Pearl Williams		4. DATE OF DEATH Month December Day 3 Year 1966	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/23/1906
9. AGE (last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	
11. BIRTHPLACE (City and state or country) Liberty, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Pearly Monroe		13b. MOTHER'S MAIDEN NAME Rosie Sheppard	
14. NAME OF HUSBAND OR WIFE Robert 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. 492-44-2159		17. INFORMANT Mrs. Sylvia George, Kansas City, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral embolism metastatic DUE TO (b) Carcinoma of uterine cervix DUE TO (c) with hemorrhage PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 9:00 a.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 Brookfield, Mo		20g. COUNTY Mo	
20h. STATE Mo		21. I attended the deceased from Nov. 26 1966 to Dec 3 1966 and last saw her alive on Nov 26 1966 Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE John R. Dixon M.D.		22b. ADDRESS Brookfield, Mo	
22c. DATE SIGNED 12-3-66		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12-9-66		23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	
23d. LOCATION (City, town, or county) Liberty, Mo		23e. STATE Mo	
24. FUNERAL DIRECTOR W. G. Baker		25. DATE RECD. BY LOCAL REG. 12-4-66	
26. REGISTRAR'S SIGNATURE Gene Watson			

DEC 16 1966

MAR 23 1967

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 B. J. Lindley

Licensed Embalmer No. 4822

P. O. Address Chelluothe, 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.