

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016427

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 35

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 17 1962

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Ray</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Township</u> Length of stay in 1b <u>3 weeks</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray County Hospital</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> c. CITY OR TOWN <u>Richmond</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>North Thornton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>3. NAME OF DECEASED</b> (Type or print) First <u>John</u> Middle <u>Wesley</u> Last <u>Williams</u>			<b>4. DATE OF DEATH</b> Month <u>April</u> Day <u>7</u> Year <u>1962</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>11-10-1880</u>	<b>9. AGE</b> (last birthday) <u>82</u>	<b>IF UNDER 1 YEAR</b> Months <u>2</u> Days <u>27</u>	<b>IF UNDER 24 HR</b> Hours <u></u> Min. <u></u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired minister</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Rayville, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>
<b>13a. FATHER'S NAME</b> <u>Benniah Williams</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Nancy Weathington</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Myrtle (Shipley) William</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) <u>NO</u>			<b>16. SOCIAL SECURITY NO.</b> <u>490-16-3787</u>	<b>17. INFORMANT</b> <u>Mrs. Anna Thacker, Richmond, Mo.</u> Address		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia -</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <del>DOE TO</del> (b) <u>Distraction of lumber varnish +</u> <del>DOE TO</del> (c) <u>Generalized arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour <u></u> a.m. <u></u> p.m. Month, Day, Year						
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	<b>STATE</b>	
<b>21. I attended the deceased from</b> <u>March 19 56</u> to <u>4-7-62</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>4-7-62</u> Death occurred at <u>5:07</u> <u>2.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <u>Thomas B. Coody M.D.</u>			<b>22b. ADDRESS</b> <u>Richmond, Mo.</u>		<b>22c. DATE SIGNED</b> <u>4/9/62</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>4-9-1962</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Sunny Slope Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Richmond, Missouri</u>		
<b>24. FUNERAL DIRECTOR</b> <u>Thomas J. Carter, Richmond, Mo.</u> ADDRESS			<b>25. DATE RECD. BY LOCAL REG.</b> <u>4-21-1962</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Malcolm Jackson</u>		

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.