URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 18 1960

-60-043159
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 269

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly
Length of stay in 1b 3-Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital
Inside Limits Yes X No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Chariton
c. CITY OR TOWN Keytesville Mo.
Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 204-S. Water St.
Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First Boyd Middle Taylor Last Williams
4. DATE OF DEATH Month Nov. Day 9th, Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married Never Married Widowed X Divorced
8. DATE OF BIRTH Nov. 6-1878
9. AGE (last birthday) 82
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer
11. BIRTHPLACE (City and state or country) Dalton, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Edward Williams
13b. MOTHER'S MAIDEN NAME Orreta Haskins
14. NAME OF HUSBAND OR WIFE Mary Rucker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Will Henry Kuhlman, Address Brunswick

MEDICAL CERTIFICATION

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

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coma	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Uremia cause unknown	unknown
DUE TO (c)	Diabetes mellitus	unknown

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. Yes No Unknown

19. 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 Nov 5 1960 to Nov 9, 1960 and last saw her/him alive on Nov 8, 1960
Death occurred at 7:10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clarence Clobes MD
22b. ADDRESS Moberly, Missouri
22c. DATE SIGNED Nov. 11/1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 13th, 1960
23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) (State) Keytesville, Mo.
24. FUNERAL DIRECTOR H. D. Grant ADDRESS Keytesville, Mo.
25. DATE RECD. BY LOCAL REG. 11-12-60
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lilburn K. Fiel

Signature of Student Embalmer

Licensed Embalmer No. 4508

P. O. Address Maraki

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.