

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000495

FILED VS JAN 9 1961 47

Registration District No. _____ Primary Registration District No. 3008 Registrar's No. 1

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON, MO		c. CITY OR TOWN ST LOUIS	
Length of stay in 1b 16 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSP. MO		d. STREET ADDRESS (If outside, give location) 4423 COTTAGE AVE	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First CLAUDE Middle WILLIAMS Last _____			4. DATE OF DEATH Month JAN Day 1 Year 61			
5. SEX M	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/28/1883	9. AGE (last birthday) 77	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) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY ?		11. BIRTHPLACE (City and state or country) ARK.		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME WILLIAM WILLIAMS		13b. MOTHER'S MAIDEN NAME MARY BROWN		14. NAME OF HUSBAND OR WIFE ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ?		16. SOCIAL SECURITY NO. ?		17. INFORMANT Honorable Address Fulton 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) CARCINOMA - ASCENDING COLON		INTERVAL BETWEEN ONSET AND DEATH ?
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 type="checkbox"/> No <input type="checkbox"/> Unknown

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 _____ 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 **STATE HOSP No 1 4/15/61** to **3/1/61** and last saw her alive on **1/1/61**
Death occurred at **1 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. C. Robinson, M.D.	22b. ADDRESS Fulton, Mo	22c. DATE SIGNED 1/1/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE 1-2-61	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CREMATORY	23d. LOCATION (City, town, or county) ST LOUIS COUNTY MO.
24. FUNERAL DIRECTOR MAURIA FUNERAL HOME	ADDRESS FULTON MO.	25. DATE RECD. BY LOCAL REG. Jan. 2 - 1961	26. REGISTRAR'S SIGNATURE Martha Lawrence

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

AUG 24 1961

SEP 29 1961

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 J. A. Ross

Licensed Embalmer No. 2355

P. O. Address Fullerton 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.