

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025916

STATE FILE NUMBER

FILED AUG 15 1961

Primary Registration District No. 3039 5688 Registrar's No. 26

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

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) OR TOWN BUCKLIN		Length of stay in lb 5 Mo's	c. CITY OR TOWN BUCKLIN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) BUCKLIN TOWNSHIP Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NALLIE Middle WILLIAMS Last _____			4. DATE OF DEATH Month AUG Day 5 Year 1961
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-28-1893
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months 6 Days 7	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) NEW CAMBRIA, MO.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME SCOTT POWELL	13b. MOTHER'S MAIDEN NAME IDA JOHNSON
14. NAME OF HUSBAND OR WIFE ALONZO WILLIAMS, DECEASED		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT VERN DOWELL, TULSA, OKLA. 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) ACCIDENT Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BURNS + SUFFOCATION FROM BURNING HOUSE DUE TO (c) BURNING HOUSE			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) HOUSE CAUGHT ON FIRE	
20c. TIME OF INJURY Hour 9:00 p.m. Month, Day, Year 8-5-61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 20f. CITY, TOWN, OR LOCATION BUCKLIN COUNTY LINN STATE MO.		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at APRIL 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. P. Wright (Degree or title) Coroner		22b. ADDRESS Meadville Mo.	22c. DATE SIGNED 8-7-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-8-1961	23c. NAME OF CEMETERY OR CREMATORY HELTON CEM	23d. LOCATION (City, town, or county) Goldsberry, Mo (State) _____
24. FUNERAL DIRECTOR LARSON FUNERAL SERVICE ADDRESS Bucklin Mo.	25. DATE RECD. BY LOCAL REG. 8-8-1961	26. REGISTRAR'S SIGNATURE Anna Watson	

AUG 17 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 _____

E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, MA

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.