MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-029067
STATE FILE NUMBER

AMENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 118

FILED AUG 21 1961

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains
Length of stay in 1b days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Howell
c. CITY OR TOWN West Plains
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Sarah Middle E. Last Williams

4. DATE OF DEATH Month August Day 3rd. Year 1961

5. SEX F
6. COLOR OR RACE wht.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-12-1884
9. AGE (last birthday) 76yrs.
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) Nurse
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Camden Co., Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME George Stout
13b. MOTHER'S MAIDEN NAME Louise Coffey
14. NAME OF HUSBAND OR WIFE Clifton P. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Earl Drumwright, West Plains, Mo. Address

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)	Congestive Heart Failure	24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebrovascular Degeneration	1 yr
DUE TO (c)	Arteriosclerosis, generalized	10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Senile dementia

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 7-5-60, to 8-3-61 and last saw her alive on 8-3-61
Death occurred at 1:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Murray T. Pritchard (Degree or title) MD.
22b. ADDRESS 913 W. Main, West Plains Mo.
22c. DATE SIGNED 8-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify) B
23b. DATE 8-6-1961
23c. NAME OF CEMETERY OR CREMATORY New Liberty Cem.
23d. LOCATION (City, town, or county) West Plains, Missouri (State)

24. FUNERAL DIRECTOR Robertsons, West Plains, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 8-15-61
26. REGISTRAR'S SIGNATURE Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

AUG 22 1961

SEP 19 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 _____

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.