MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029883
STATE FILE NUMBER

AMENDED

FILED AUG 28 1961

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 162

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carthage
Length of stay in 1b: 22 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 431 High Street
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Carthage
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 431 High Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RUPERT Middle EUGENE Last WILLIAMS Jr

4. DATE OF DEATH: Month 8 Day 15 Year 61

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-23-61
9. AGE (last birthday): 0
IF UNDER 1 YEAR: Months ___ Days 22
IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (City and state or country): Carthage, Missouri
12. CITIZEN OF WHAT COUNTRY:

13a. FATHER'S NAME: Rupert E Williams
13b. MOTHER'S MAIDEN NAME: Earline Sandlin
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Rupert E Williams Address: Carthage, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Sudden death, cause unknown — INTERVAL BETWEEN ONSET AND DEATH: not over 2 hour
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. ☐ 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 7/23/61, to 8/15/61 and last saw her/him alive on 8/14/61
Death occurred at ~~Approx 5:00 am~~ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Charles H. Knell (Degree or title) M. D
22b. ADDRESS: Carthage, Missouri
22c. DATE SIGNED: 8/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8-18-61
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State): Carthage, Mo

24. FUNERAL DIRECTOR: KNELL MORTUARY ADDRESS: Carthage, Mo
25. DATE RECD. BY LOCAL REG.: Aug. 17, 1961
26. REGISTRAR'S SIGNATURE: Ely Clinton

(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

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 Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage M

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.