

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032626

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 3022 Registrar's No. 113

STATE FILE NUMBER

AMENDED

FILED SEP 25 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Length of stay in 1b <u>1 days</u>	c. CITY OR TOWN <u>Ridgeway mo</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Maal Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Isaac Talton Williams</u>			4. DATE OF DEATH Month Day Year <u>9-13-61</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-12-1868</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Richard Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (last birthday) <u>92</u>
11. BIRTHPLACE (City and state or country) <u>11</u>		12. CITIZEN OF WHAT COUNTRY <u>11</u>	
13a. FATHER'S NAME <u>Mathias Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bales</u>	
14. NAME OF HUSBAND OR WIFE <u>Laura Jane Williams</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Deen Williams Ridgeway mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Senility</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>Age 92</u> <u>15 year</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertrophy of Prostate</u>			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 checked="" 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 <u>8-21-61</u> to <u>9-13-61</u> and last saw him alive on <u>9-15-61</u> Death occurred at <u>10:45</u> P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W.F. Boyles MD</u>		22b. ADDRESS <u>Bethany Mo</u>	22c. DATE SIGNED <u>9/17/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-17-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kirkley Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>7 miles south Ridgeway mo</u>
24. FUNERAL DIRECTOR <u>Robert R. Baggett Ridgeway mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-17-1961</u>	26. REGISTRAR'S SIGNATURE <u>Jella Masey</u>

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 R. Baggers

Licensed Embalmer No. 85-76

P. O. Address Ridgewood 9

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.