

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037490

STATE FILE NUMBER

AMENDED

FILED NOV 14 1961 Primary Registration District No. 559V Registrar's No. 144

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM TOWNSHIP		Length of stay in 1b	c. CITY OR TOWN CRYSTAL CITY, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) CRYSTAL HEIGHTS
3. NAME OF DECEASED (Type or print) First ALFRED Middle GEORGE Last WILLIAMS		4. DATE OF DEATH Month NOV. Day 11 Year 1961	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-2-71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (last birthday) 90
11a. FATHER'S NAME GEORGE WILLIAMS		11b. MOTHER'S MAIDEN NAME SARAH A. ROOM	11. BIRTHPLACE (City and state or country) WORCESTERSHIRE ENG. U. S. A.
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		13. SOCIAL SECURITY NO. NONE	12. CITIZEN OF WHAT COUNTRY U. S. A.
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease		14. NAME OF HUSBAND OR WIFE Mrs. LILLIE MAE WILLIAMS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (c)		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	
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.	
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 checked="" 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 Nov. 8, 1961 to Nov. 8, 1961 and last saw her alive on Nov. 8, 1961		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Robert M. Delgado (Degree or title)		22b. ADDRESS Festus, Mo.	22c. DATE SIGNED 11/11/61
23a. BURIAL, CREMATION, REMOVAL (Specify) 11-13-61	23b. DATE	23c. NAME OF CEMETERY OR CREMATION ROSELAWN	23d. LOCATION (City, town, or county) (State) CRYSTAL CITY MO.
24. FUNERAL DIRECTOR James R. Cady Crystal City, Mo.		25. DATE RECD. BY LOCAL REG. 11/11/61	26. REGISTRAR'S SIGNATURE John D. Shaw, Deputy

NOV 29 1961

DEC 6 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 James Richard Cody

Licensed Embalmer No. 4309

P. O. Address CRYSTAL CITY, 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.