

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-040367

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 459 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH <b>DEC 4 1961</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |   |
| a. COUNTY <b>Cape Girardeau</b>   |   | a. STATE <b>Missouri</b> COUNTY <b>Mississippi</b>   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>   |   | Length of stay in 1b <b>16 hours</b>   | c. CITY OR TOWN <b>Wyatt</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cape Osteopathic Hosp.</b>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <b>Gen. Del.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                 |
| 3. NAME OF DECEASED (Type or print) First <b>Allen</b> Middle <b>Eugene</b> Last <b>Williams</b>  |   |  | 4. DATE OF DEATH Month <b>Nov.</b> Day <b>22</b> Year <b>1961</b>   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>11-21-61</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <b>18</b>  |
| 11. BIRTHPLACE (City and state or country) <b>Wyatt, Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY <b>USA</b>   |   |
| 13a. FATHER'S NAME <b>David L. Williams</b>   |   | 13b. MOTHER'S MAIDEN NAME <b>Doris Fay Fegley</b>  | 14. NAME OF HUSBAND OR WIFE   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> If yes, give war or dates of service   |   | 16. SOCIAL SECURITY NO. <b>None</b>  | 17. INFORMANT <b>David Williams, Wyatt, Mo.</b> Address   |
| 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 <b>22 hrs</b>  |
| IMMEDIATE CAUSE (a) <b>Pulmonary atelectasis</b>  |   |  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arrest of left scapular shoulders at Deliberly - Assistant Occupat Post.</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. <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 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 <b>4:30 A</b> Month, Day, Year <b>11-21</b> a.m. p.m.  | 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 <b>Wyatt, Mo</b> COUNTY STATE  |
| 21. I attended the deceased from <b>11-21</b> to <b>11-22</b> and last saw him alive on <b>11-22-61</b><br>Death occurred at <b>4:30 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE <b>D. P. Fegley D.O.</b> (Degree or title)   |   | 22b. ADDRESS <b>Wyatt, Mo</b>  | 22c. DATE SIGNED <b>11-24-61</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 23b. DATE <b>11-23-61</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>W.O.W Cemetery</b>   | 23d. LOCATION (City, town, or county) (State) <b>East Prairie, Missouri</b>   |
| 24. FUNERAL DIRECTOR <b>Travis Shelby, East Prairie, Mo.</b> ADDRESS  |   | 25. DATE RECD. BY LOCAL REG. <b>12-1-1961</b>  | 26. REGISTRAR'S SIGNATURE <b>Doris Kasten</b>   |

JAN 30 1962

**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 Travis Shelby

Licensed Embalmer No. 4940

P. O. Address East Point

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.