MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-023913
STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 113

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0610
2 0610
3
4 1
5 2
6
7 1
8 0
9 4500
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12 90-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUL 13 1962

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lingo Township — Length of stay in 1b: 65 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3½ mi. S. of New Cambria — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Macon
c. CITY OR TOWN: New Cambria (Rural) — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3½ mi. S. of New Cambria — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Alice Middle: B. Last: Williams
4. DATE OF DEATH: Month: July Day: 4, Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8/9/68
9. AGE (last birthday): 93yrs. — IF UNDER 1 YEAR: Months 10, Days 25 — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Monee, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Clinton Phillips
13b. MOTHER'S MAIDEN NAME: Eleanor Jones
14. NAME OF HUSBAND OR WIFE: Timothy L. Williams
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.: No.
17. INFORMANT: Address: Clinton Williams, New Cambria, 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) Terminal Uremia & dehydration — INTERVAL BETWEEN ONSET AND DEATH: indefinite
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis with — indefinite
DUE TO (c) cerebral atrophy
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 Oct '60, to July 62 and last saw her alive on JUNE 28 1962
Death occurred at 5:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Glennon A Horner, MD (Degree or title)
22b. ADDRESS: Marceline, Mo
22c. DATE SIGNED: 7/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/8/62
23c. NAME OF CEMETERY OR CREMATORY: New Cambria Cemetery
23d. LOCATION (City, town, or county) (State): New Cambria, Mo.

24. FUNERAL DIRECTOR ADDRESS: H.J. Gilleland, New Cambria, Mo.
25. DATE RECD. BY LOCAL REG.: July 7, 1962
26. REGISTRAR'S SIGNATURE: Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

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 R. Lester Brown

Licensed Embalmer No. 4472

P. O. Address Macon, 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.