

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025337

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6313** STATE FILE NUMBER

FILED JUL 6 1962

VS 300 Rev. 4/59	1	3	4	5	6	7	8	9	10	11	12	13
	0250048		0	1		1	1				58.0	58
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS												
DATE AMENDED												
INSTEAD OF												
DOCUMENT												
MEDICAL CERTIFICATION												
BY AFFIDAVIT OF												
SHOULD READ												
ITEM NO.												

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b			c. CITY OR TOWN Hillsboro		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital; give location) HOSPITAL OR INSTITUTION Deaconess Hosp.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R 2		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last Fred Victor Williams						4. DATE OF DEATH Month Day Year June 24 1962							
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 6-12-1892		9. AGE (last birthday) 70		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Art Picture Windows Duquoin Ill		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Horace Williams				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Rose Williams					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. *****		17. INFORMANT Harry Williams R2 Hillsboro, Mo.				Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pyelonephritis & Uremia DUE TO (b) Uremia DUE TO (c) 600.0 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
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 checked="" type="checkbox"/> NO <input 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 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 21 Jun 62 to 24 Jun 62 and last saw her alive on Jun 24 / 62 - Death occurred at Jun 24 / 62 2:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Name or title) [Signature]						22b. ADDRESS 453 N. Taylor St. Duquoin Ill		22c. DATE SIGNED 6/26/62					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-27-1962		23c. NAME OF CEMETERY OR CREMATORY Odd Fellows		23d. LOCATION (City, town, or county) Duquoin Ill							
24. FUNERAL DIRECTOR Mahn Funeral Home DeSoto Mo.						ADDRESS		25. DATE RECD. BY LOCAL REG. JUN 27 1962		25. REGISTRAR'S SIGNATURE [Signature] M.D.			

USE BLACK INK OR TYPEWRITER RIBBON

AUG 15 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 Daniel J. Mahan

Licensed Embalmer No. 4326

P. O. Address De Soto, 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.