

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032214
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 371

FILED AUG 28 1962

VS 300
Rev. 4/59

0942
20090
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4 1
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12 70-2
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY ST. FRANCOIS
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN FLAT RIVER Length of stay in 1b YEAR
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY BOLLINGER
c. CITY OR TOWN LUTESVILLE Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Rt Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last SARAH FRANCIS WILLIAMS 4. DATE OF DEATH Month Day Year 8-20-62
5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4-9-1889 9. AGE (last birthday) 73 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) House 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) BOLLINGER COUNTY 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Reece Moore 13b. MOTHER'S MAIDEN NAME Elizabeth Yandall 14. NAME OF HUSBAND OR WIFE Chas. F. 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. no 17. INFORMANT Wm. J. L. James Address Market Hill, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH 7 days
DUE TO (b) Cerebral arteriosclerosis yo
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility 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 Month, Day, Year a.m. p.m.

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 Aug 3 1962 to Aug 20 1962 and last saw her alive on Aug 19 1962
Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) JW Zupan D.O. 22b. ADDRESS Flat River Mo 22c. DATE SIGNED 8/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BOYAL 23b. DATE 8-22-62 23c. NAME OF CEMETERY OR CREMATORY BARKS CHAPEL 23d. LOCATION (City, town, or county) (State) Whitewater MO

24. FUNERAL DIRECTOR Gene Ward ADDRESS Stuteville Mo 25. DATE RECD. BY LOCAL REG. Aug. 23, 1962 26. REGISTRAR'S SIGNATURE Gather Redloff

USE BLACK INK OR TYPEWRITER RIBBON

AUG 29 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,

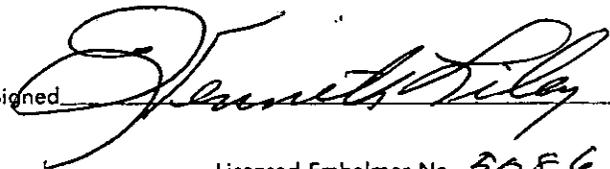
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____



Licensed Embalmer No. 5086

P. O. Address Hillsville, Va

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.