

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047651

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 700

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JAN 10 1963**

1. PLACE OF DEATH  
 a. COUNTY Macon  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon Length of stay in 1b  
 c. CITY OR TOWN Macon Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Park Vista Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Macon  
 c. CITY OR TOWN Macon Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Park Vista Inside Limits Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last OLIVE WILLIAMS  
 4. DATE OF DEATH Month Day Year Dec. 17 1962  
 5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 6/19/1874 9. AGE (last birthday) 88 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) Macon County Mo. 12. CITIZEN OF WHAT COUNTRY  
 13a. FATHER'S NAME Calvin Mitchell 13b. MOTHER'S MAIDEN NAME Mary Cole 14. NAME OF HUSBAND OR WIFE  
 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 Address Mrs. Dorothy Harvey Macon, 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) Inanition and Debilitation INTERVAL BETWEEN ONSET AND DEATH 3 mos.  
 DUE TO (b) Carcinomatosis 1 year  
 DUE TO (c) Primary carcinoma of right breast 3 years  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis 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 November 1961 to December 17, 1962 and last saw her alive on December 16, 1962  
 Death occurred at 7:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.  
 22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Bevier, Mo. 22c. DATE SIGNED 12-19-62  
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-18-1962 23c. NAME OF CEMETERY OR CREMATORY Ten Mile 23d. LOCATION (City, town, or county) (State) Macon Missouri  
 24. FUNERAL DIRECTOR ADDRESS Edwards Funeral Home Bevier, Mo. 25. DATE RECD. BY LOCAL REG. 12/28/62 26. REGISTRAR'S SIGNATURE [Signature]

VS 300 Rev. 4/59  
 1 0611  
 2 0611-  
 3  
 4 1  
 5 2  
 6  
 7 0  
 8 2  
 9 170X  
 10  
 11  
 12 1-2  
 13 1-0

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1961 82 MMR

**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

*Philip Brann*

Licensed Embalmer No. 5182

P. O. Address Waco, 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.