

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000453

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 71

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

15117

25117

3

4 0

5 2

6

7 0

8 2

94221

10

11

12 1-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF *C.L. Ferguson, Medical Certification*

<b>FILED JAN 28 1963</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>	Length of stay in: 1b <b>30 yrs</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Osteopathic Hosp.</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS (if outside, give location) <b>1019 No. 3rd St.</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <b>ELDA CECIL WILLIAMSON</b>	
4. DATE OF DEATH Month Day Year <b>January 22 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/5/1885</b>
9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Attendant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>State Hospital #2</b>
11. BIRTHPLACE (City and state or country) <b>Maysville Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
13a. FATHER'S NAME <b>Thomas Williamson</b>	13b. MOTHER'S MAIDEN NAME <b>Mabel Thompson</b>
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	Address <b>2102 Francis St. St. Joseph, Mo.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <span style="background-color: black; color: black;">[REDACTED]</span>
17. INFORMANT <b>Mrs. Irene Thomas</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiovascular collapse</b> DUE TO (b) <b>mesenteric thrombosis</b> 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)	
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 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 <b>1-20-63</b> to <b>1-22-63</b> and last saw him alive on <b>1-22-63</b> . Death occurred at <b>5:15 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>C.L. Ferguson</i>	22b. ADDRESS <b>1301 Buchanan</b>
22c. DATE SIGNED <b>1-22-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem &amp; Burial</b>	23b. DATE <b>1/24/63</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Alta Vista Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Daviess County Missouri</b>
24. FUNERAL DIRECTOR <i>Stamey Funeral Home</i>	25. DATE RECD. BY LOCAL REG. <b>Jan. 24, 1963</b>
26. REGISTRAR'S SIGNATURE <i>Wm. Clark Woodall</i>	

USE BLACK INK OR TYPEWRITER RIBBON

Permitted 1-22-63

2114  
28  
29  
3-1

**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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address Gregg, 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.