

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003153

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 25

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 29 1963

VS 300
Rev. 4/59

1 0945
2 0945
3 2
4 1
5 2
6
7 0
8 2
9 154X
10
11
12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FARMINGTON</u>		c. CITY OR TOWN <u>FARMINGTON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>418 South Henry</u>		d. STREET ADDRESS (If outside, give location) <u>418 South Henry</u>	
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>TEMPA ANN</u> Last <u>WILLIAMS</u>		4. DATE OF DEATH Month <u>JAN.</u> Day <u>21</u> Year <u>1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 6, 1928</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>34</u>
13a. FATHER'S NAME <u>ANDREW JACKSON MAYS</u>		11. BIRTHPLACE (City and state or country) <u>PILOT Knob, Mo.</u>	
13b. MOTHER'S MAIDEN NAME <u>AMANDA Diester</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN WILLIAMS, deceased</u>	
16. SOCIAL SECURITY NO. [Redacted]		17. INFORMANT Address <u>Roy Williams, Farmington, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Udenocarcinoma of rectum</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>c. metastases</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>Jan 1962</u> <u>one yr</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Heart Disease</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <u>Jan 1962</u> to <u>Jan 21, 1963</u> last saw her alive on <u>Jan 20, 1963</u> Death occurred at <u>4:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D.A. Huckstep M.D.</u>		22b. ADDRESS <u>Farmington, Mo</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>		22d. DATE SIGNED <u>1-22-63</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 24, 1963</u>	
23c. LOCATION (City, town, or county) <u>Doerun, Mo.</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>C. H. Cozean, Farmington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 23, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Esther Pudloff</u>			

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 *Chas. Cozart*

Licensed Embalmer No. 4084

P. O. Address Langston No

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.