

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008064

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 19

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED MAR 13 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Putman County		a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN York Twp.		Length of stay in 1b 2 days	c. CITY OR TOWN Princeton, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 509 E. Main St
3. NAME OF DECEASED (Type or print) Willard Williams		First Middle Last	4. DATE OF DEATH March 4, 1963
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 5-10-1877
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 75
11. BIRTHPLACE (City and state or country) Putman Co., Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Zachariah Williams		13b. MOTHER'S MAIDEN NAME Lydia Green	14. NAME OF HUSBAND OR WIFE Susie Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO. 76	17. INFORMANT Address Mrs Susie Williams Princeton, Mo
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary atherosclerosis DUE TO (b) arteriosclerosis & DUE TO (c) hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH years	
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 _____, Month, Day, Year _____ a.m. _____ p.m. _____	
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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Chas. J. [Signature]</i>		22c. DATE SIGNED 3/5/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3-6-63	23c. NAME OF CEMETERY OR CREMATORY Lucerne Cemetery
23d. LOCATION (City, town, or county) Putman Co, Missouri		(State)	
24. FUNERAL DIRECTOR Noel Moss		ADDRESS Princeton, MO	25. DATE RECD. BY LOCAL REG. 3-5-63
26. REGISTRAR'S SIGNATURE <i>Marvell [Signature]</i>			

USE BLACK INK OR TYPEWRITER RIBBON

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8-18

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 *Paul M. ...*

Licensed Embalmer No. 2634

P. O. Address *Genoa, 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.