

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030663

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8061** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 15 1963

1. PLACE OF DEATH a. COUNTY Illinois		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 1 day		c. CITY OR TOWN E. St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Infirmary		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1837 Piggott		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Clara Louise Williams				First Middle Last		4. DATE OF DEATH August 7, 1963			
5. SEX Female		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 4-9-1910		9. AGE (last birthday) 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and state or country) Scooba, Mississippi		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME David Giles				13b. MOTHER'S MAIDEN NAME Callie Howard		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. no		17. INFORMANT Henry Howard		Address 1837 Piggott	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Coronary Occlusion								6 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
DUE TO (b) Renal Hypertension								3 months	
DUE TO (c) Nephrosclerosis 420.1								3 months	
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 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 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 12:05 PM 8-6-63 to 8-7-63 and last saw her/him alive on 8-7-63 Death occurred at 1:05 PM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Henry D. Dugas M.D. (Degree or title)				22b. ADDRESS 3136 W. Easton St. Lem. 6 Mo.				22c. DATE SIGNED 8-20	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE August 8, 1963		23c. NAME OF CEMETERY OR CREMATORY Booker Washington		23d. LOCATION (City, town, or county) (State) Centerville, Illinois			
24. FUNERAL DIRECTOR WASH FUNERAL HOME ADDRESS 111 N. 12th St.				25. DATE RECD. BY LOCAL REG. AUG 8 1963		26. REGISTRAR'S SIGNATURE Roan Smith, M.D.			

VS 300 Rev. 4/59
 1
 2 81207
 3 2
 4 3
 5 3
 6
 7 1
 8 2
 9
 10
 11
 12 82-0
 13
 82
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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

M. Deane Nichols

Licensed Embalmer No. 4434

P. O. Address 111 N. 13th St.

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.