

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035480

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3012 Registrar's No. 108

FILED SEP 30 1963

VS 300
Rev. 4/59

1 6001

2 6001

3 2

4 0

5 1

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7 0

8 2

9 4201

10

11

12 90-0

13 1-1

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Length of stay in 1b 68 yrs.	c. CITY OR TOWN Excelsior Springs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 521 Kansas City Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 521 Kansas City Ave.
3. NAME OF DECEASED (Type or print) Samuel Hubert Williams			4. DATE OF DEATH Month Aug. Day 26 Year 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 10/18/1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk		10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	11. BIRTHPLACE (City and state or country) Ray County
13a. FATHER'S NAME Arthur Williams		13b. MOTHER'S MAIDEN NAME Virginia George	14. NAME OF HUSBAND OR WIFE Rossie M. Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Yes W.W.I		16. SOCIAL SECURITY NO. 52 Mrs. Rossie M. Williams, Ex. Spgs. Mo.	17. INFORMANT Address 521 K.C. Ave.
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation DUE TO (b) Acute Coronary Ischemia DUE TO (c) Arteriosclerosis - Prem Coronary Artery Disease 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			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours 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 _____ 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 8-30-56 to 8-26-63 and last saw her/him alive on 8-25-63 . Death occurred at Excelsior Springs, Mo. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Begonia B. Brown, M.D.		22b. ADDRESS Excelsior Springs, Mo.	22c. DATE SIGNED 8/25/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 28, 1963	23c. NAME OF CEMETERY Masonic Memorial Cemetery	23d. LOCATION (City, town, or county) (State) Excelsior Springs, MO.
24. FUNERAL DIRECTOR Hope Funeral Home, Ex. Spgs. MO.		25. DATE RECD. BY LOCAL REG. 8-26-63	26. REGISTRAR'S SIGNATURE Caroline Hutchings

USE BLACK INK OR TYPEWRITER RIBBON

SEP 30 1963

Burial Permit issued 8-26-63 C.V.

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. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs 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.