MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046213

STATE FILE NUMBER

Registration District No. 318 Primary Registration District 1003 Registrar's No. 11649

FILED DEC - 2 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 0501
3
4 2
5 1
6
7 1
8 2
9
10
11
12 520
13

52

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY: JEFFERSON
c. CITY OR TOWN: CRYSTAL CITY
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 229 CO. RD.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIE Middle Last WILLIAMS

4. DATE OF DEATH: Month November Day 24 Year 1963

5. SEX: MALE
6. COLOR OR RACE: COLORED
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-1-1896
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: P.P.G.CO.
11. BIRTHPLACE (City and state or country): BAKER, LA.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: JOHN WILLIAMS
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: GEORGIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of servi: *****
16. SOCIAL SECURITY NO.:
17. INFORMANT: GEORGIA WILLIAMS Address: CRYSTAL CITY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Mesenteric artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3-4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — Unk.
DUE TO (c) 4500
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11/24/56 to 11/24/63 and last saw him alive on 11/24/63
Death occurred at 7:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. D. Vermillion, M.D. (Degree or title)
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 11-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-30-63
23c. NAME OF CEMETERY OR CREMATORY: FARMINGTON, CEM.
23d. LOCATION (City, town, or county) (State): FARMINGTON, MO.

24. FUNERAL DIRECTOR: GENTRY R. POLITTE ADDRESS: CRYSTAL CITY, MO.
25. DATE RECD. BY LOCAL REG.: NOV 26 1963
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Gentry R. Pelitto

Licensed Embalmer No. 3481

P. O. Address Crystal City - 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.