# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046920
STATE FILE NUMBER

Registration District No. 70 Primary Registration District No. 3002 Registrar's No. 1

FILED DEC 16 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0047
2 0040
3 1
4 1
5 0
6
7 0
8 2
9 7615
10
11
12 1-2
13 30

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

BY AFFIDAVIT OF — DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mexico — Length of stay in 1b: 30 Min.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Audrain County Hospital — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Audrain
c. CITY OR TOWN: Mexico — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R # 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First SHARON Middle KAY Last WILLIAMS
4. DATE OF DEATH: Month Dec. Day 10, Year 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/10/63
9. AGE (last birthday) — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Mexico, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Elmer Lee Williams
13b. MOTHER'S MAIDEN NAME: Lydia Long
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Elmer Lee Williams Address: Mexico, Mo.

18. CAUSE OF DEATH (Enter only one cause per line — PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Premature delivery (6 mos)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Premature rupture of membrane
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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 4:20 P.M. to 4:50 PM and last saw her alive on 12-10-63
Death occurred at 4:50 PM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B Doolittle (Degree or title) DO
22b. ADDRESS: Mexico, Mo
22c. DATE SIGNED: 12-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/12/63
23c. NAME OF CEMETERY OR CREMATORY: East Lawn Cemetery
23d. LOCATION (City, town, or county) (State): Mexico, Mo.

24. FUNERAL DIRECTOR ADDRESS: Precht Funeral Home, Mexico, Mo.
25. DATE RECD. BY LOCAL REG.: Dec 12-1963
26. REGISTRAR'S SIGNATURE: Alberta Edmonston

(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 Delbert A. Eaker

Licensed Embalmer No. 5231

P. O. Address Mexico, 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.