

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**65-030542**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 33C Primary Registration District No. 6128 Registrar's No. 282

**FILED AUG - 5 1965**

VS 300  
Rev. 4/59

1	10/10
2	10/10
3	
4	0
5	1
6	
7	0
8	2
9	4201
10	
11	
12	91-3
13	1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eminence</u>		Length of stay in 1b	c. CITY OR TOWN <u>Eminence</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Court House</u>			d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Marion</u> Middle <u>Freeman</u> Last <u>Williams</u>			4. DATE OF DEATH Month <u>July</u> Day <u>16</u> Year <u>1965</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/27/04</u>	9. AGE (last birthday) <u>61</u>	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) <u>County Treasurer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Owls Bend, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Jeff D. Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Cora B. Freeman</u>		
14. NAME OF HUSBAND OR WIFE <u>Beulah Williams</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-36-9487</u>		
17. INFORMANT Address <u>Beulah Williams Eminence, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u> DUE TO (b) <u>CORONARY THROMBOSIS</u> DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH <u>1 min.</u> <u>2 min.</u>				
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		
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 <u>2</u> p.m. Month, Day, Year <u>July 16, 1965</u>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 <u>on July 16, 1965</u> and last saw him alive on <u>July 16, 1965</u> Death occurred at <u>2 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Deputy or title) <u>Denton Wilson, D.O. - Coroner</u>			22b. ADDRESS <u>Eminence, Mo</u>		22c. DATE SIGNED <u>7/21/65</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/18/65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Eminence Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Eminence, Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Duncan Funeral Home Mtn. View, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-4-65</u>	26. REGISTRAR'S SIGNATURE <u>Orville Roen</u>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG - 6 1965

NOV 15 1965

David Frank ...

MISSOURI STATE BOARD OF HEALTH  
DEPARTMENT OF HEALTH

STATE OF MISSOURI  
DEPARTMENT OF HEALTH

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 Charles D. Ruston

Licensed Embalmer No. 5107

P. O. Address Wm. Davis, 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.