

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 25 1953

BIRTH NO. .... REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5480 Registrar's No. 26

400

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton Rural <u>0400</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route # 4		d. STREET ADDRESS (If rural, give location) Route # 4	

3. NAME OF DECEASED (Type or Print) Mrs. Nora Belle Williams Metcalf			4. DATE OF DEATH Feb. 8, 1953		
a. (First)	b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 12, 1878		9. AGE (In years last birthday) 74	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MIN. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Trenton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Thomas Williams		13b. MOTHER'S MAIDEN NAME Angeline Brown		14. NAME OF HUSBAND OR WIFE Ed Metcalf	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Ed Metcalf, Rt. 4 Trenton, Mo.		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1 year	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular disease</u>		DUE TO (b) _____					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>5810</u>					
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION Sept 24 - 25		19b. MAJOR FINDINGS OF OPERATION <u>Cerebrovascular - adheive pericholelithosis</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Dec 7, 1952 to Feb 8, 1953, that I last saw the deceased alive on Jan 7, 1953, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Deffy M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton</u>		23c. DATE SIGNED <u>Feb 9 1953</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/10/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>2-10-53</u>		REGISTRAR'S SIGNATURE <u>Gene J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gipson Oyler</u>		ADDRESS <u>Trenton, Mo.</u>	
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MS DEC 1 1959

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 .....

Student Embalmer

Signed

*Maurice Oyley*

Licensed Embalmer No. *4442*

P. O. Address *Trenton, 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 this body is not embalmed, fact should be so stated above.