

STANDARD CERTIFICATE OF DEATH

State File No. 43875

FILED JAN 5 1954		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 267	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give town or township) Rolla		c. LENGTH OF STAY (in this place) 2 years		c. CITY OR TOWN Rolla		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1408 Iowa Street				e. STREET ADDRESS (If rural, give location) 1408 Iowa Street 0812			
3. NAME OF DECEASED (Type or Print) NORA		a. (First)		b. (Middle) EDITH		c. (Last) WILLIAMS	
4. DATE OF DEATH Dec. 28, 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 17, 1900		9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Hayden, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S..		13a. FATHER'S NAME John Brumley		13b. MOTHER'S MAIDEN NAME Ellen Copeland		14. NAME OF HUSBAND OR WIFE Ivan Williams	
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. Yes		17. INFORMANT'S SIGNATURE OR NAME Ivan Williams		ADDRESS Rolla, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Breast</i> <i>metastatic metastases to lung</i> <i>kidney, liver &</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Kidney, liver &</i> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>General debility + severe emaciation</i>				INTERVAL BETWEEN ONSET AND DEATH <i>4015 yrs</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		170 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April, 1948, to Dec 25, 1953, that I last saw the deceased alive on Dec 24, 1953, and that death occurred at 6 A. M., from the causes and on the date stated above.							
23a. SIGNATURE <i>Richard E. Myers M.D.</i>		23b. ADDRESS <i>Newburg, Mo.</i>		23c. DATE SIGNED <i>Dec 28</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 30, 1953		24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		24d. LOCATION (City, town, or county) (State) Rolla, Missouri	
DATE RECD BY LOCAL REG. Dec. 29, 1953		REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul E. Null</i>		ADDRESS Rolla, Mo.	

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

County File Number _____
Date Filed 1-4-54

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..... *Paul E. Null*

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.