

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

11957

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 180

Health,
Welfare
Public
Service

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kirksville TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Kirksville 0013 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 401 E. Pierce St.,		Length of stay in lb das	d. STREET ADDRESS 410 S. Main St., (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last Bertha Williams			4. DATE OF DEATH Month Day Year May 9, 1957
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 22, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 76
11. BIRTHPLACE (City and state or country) Alanthus, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Russell Richardson		14. MOTHER'S MAIDEN NAME Cecelia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. 486 12 5213 B	17. INFORMANT Address Mrs. Wayne Shinn, Kirksville, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary artery occlusion</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4/201			INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	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 Month, Day, Year a. m. p. m.
20d. INJURY OCCURRED WHILE AT WORK <input 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 5-9-57 to 5-9-57 and last saw her alive on 5-9-57 Death occurred at 4:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R. Richardson M.D.</i>		22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 5-9-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/12/57	23c. NAME OF CEMETERY OR CREMATORY Grand View	23d. LOCATION (City, town, or county) (State) Albany, Mo.
24. FUNERAL DIRECTOR <i>Paul M. [unclear]</i>		ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 5-10-1957
26. REGISTRAR'S SIGNATURE <i>Doris W. Pateff</i>			

(Licensed Embalmer's Statement on Reverse Side)

300
1-56All
symptoms will be listed. All
diseases in Part I must be
casually related. Coroner
cannot certify to a death
due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Securing the medical certification in the specific manner mentioned in the instructions is essential to the proper filing of the certificate.

535
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MAY 29 1957

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 *George W. Davall*

Licensed Embalmer No. *4799*

P. O. Address *Kirkland*

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.