

FILED JUN 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24378

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Iron County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Levittown</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Levittown</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Mary's</u>			Length of stay in 1b			d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>Terry</u> Middle <u>Allen</u> Last <u>Widger</u>		4. DATE OF DEATH Month <u>6</u> Day <u>13</u> Year <u>57</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>6-13-57</u>		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Iron County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Isaac Newton Widger</u>				14. MOTHER'S MAIDEN NAME <u>Ethel Irene Ford</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Isaac Newton Widger</u> Address			
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>Atelectasis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>7625</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
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 _____ a. m. _____ p. m. Month, Day, Year _____							
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		20g. COUNTY STATE	
21. I attended the deceased from <u>6-13-57</u> , to <u>6-13-57</u> and last saw <u>her</u> <u>him</u> alive on <u>6-13-57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Ben M. Bull, M.D.</u>				22b. ADDRESS <u>Ironton, Mo.</u>		22c. DATE SIGNED <u>6-17-57</u>	
23a. BURIAL, CREMATION, REQUIEM (Specify) <u>B</u>		23b. DATE <u>6-15-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ellington</u>		23d. LOCATION (City, town, or county) (State) <u>Ellington, Mo.</u>		
24. FUNERAL DIRECTOR <u>Chas L. Leurtz</u>			25. DATE RECD. BY LOCAL REG. <u>6-24-57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. (Mrs.) Jones</u>		

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 *Chas S. Leuth*.....

Licensed Embalmer No. *457*.....

P. O. Address *F. Longton*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.