

FILED AUG 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30573

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY OR TOWN Bloomfield	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Bloomfield	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 At family home		e. STREET ADDRESS (If rural, give location) -----	

3. NAME OF DECEASED (Type or Print)	a. (First) LENA	b. (Middle) C.	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) Aug. 1, 1957
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5. SEX F.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH Jan. 5, 1881	9. AGE (In years) (Month) (Day) (Hour) (Min.) 76 5 26	IF UNDER 1 YEAR IF UNDER 1 HR.
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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 at home	11. BIRTHPLACE (City and State or Foreign Country) Copenhagen, Denmark	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Peter Swansen	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Deceased
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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 Mrs. Jasper Coburn, Bloomfield, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 30 m
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 July 55, 1955, to Aug 1, 1957, that I last saw the deceased alive on Aug 1, 1957 and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Stephen Pauls M.D.	(Degree or title)	23b. ADDRESS Bloomfield, Mo	23c. DATE SIGNED 8-15-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 3-57	24c. NAME OF CEMETERY OR CREMATORY Hill cemetery	24d. LOCATION (City, town, or county) (State) Stoddard co. Missouri
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DATE REC'D BY LOCAL REG. 8-20-1957	REGISTRAR'S SIGNATURE Dr. George J. Pauls	25. FUNERAL DIRECTOR'S SIGNATURE CHILES UND. CO., Bloomfield, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 27 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 Lulu Cooper # 3499 ~~XX Student Embalmer~~ No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Juan E. Cooper.....

Licensed Embalmer No. 4119.....

P. O. Address Bloomfield,.....

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.