

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32958**

FILED SEP 30 1957

BIRTH NO. _____ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **5945** Registrar's No. **42**

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

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 township) OR TOWN Rural (DILLON) TWP		c. LENGTH OF STAY (In this place) TWP	c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Nursing Home			e. STREET ADDRESS (If rural, give location) Rural Phelps C. Mo.		
3. NAME OF DECEASED (Type or Print) Bliza	a. (First)	b. (Middle) Catherine	c. (Last) McWilliams	4. DATE OF DEATH (Month) (Day) (Year) Sept 17 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov 11, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 10 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hosuework	10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Owensville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Holsche		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or date of service) No	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Henry McWilliams, St. James, Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 0	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			2 years	
DUE TO (b) Hypertension	DUE TO (c) Angeritis			3 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	(Blank)			(Blank)	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? 2 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) 593x		(Blank)	
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 June 13, 1957, to Sept 17, 1957, that I last saw the deceased alive on Sept. 17, 1957 and that death occurred at 8:00 p.m., from the causes and on the date stated above.					
23a. SIGNATURE C. V. Hammler, M.D.		(Degree or title)		23b. ADDRESS St. James, Mo.	23c. DATE SIGNED 9-18-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 21 1957	24c. NAME OF CEMETERY OR CREMATORY Licklider Cemetery	24d. LOCATION (City, town, or county) (State) Gasconade County Mo		
DATE REC'D BY LOCAL REG. 9-19-1957		REGISTRAR'S SIGNATURE Rueh B. Powell		25. FUNERAL DIRECTOR'S SIGNATURE C. James, M.D.	

RECEIVED .

Phelps County Health Officer,

County File Number 8-31

Date Filed 9-25-57

OCT 17 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 Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address St. James

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.