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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011020

STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CURRYVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE CO. HOSPITAL			Length of stay in 1b 1 Wk.		d. STREET ADDRESS (If outside, give location) 7MI. SE Curryville		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First KATE Middle WILLISON Last HOUSE				4. DATE OF DEATH Month MARCH Day 21 Year 1958				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC. 26, 1867		9. AGE (In years last birthday) 90		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) CLINTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME TIMOTHY D. CONNELLY				14. MOTHER'S MAIDEN NAME JULIA WOODARD				
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 MRS. SAM CHAMBERLAIN Address CURRYVILLE, 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) Uremia							INTERVAL BETWEEN ONSET AND DEATH 1 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							9040 21	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Fractured Hip							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Fell in home						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. 3/15/58		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home				20e. CITY, TOWN, OR LOCATION Curryville		
20f. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20g. COUNTY Pike		20h. STATE Mo.				
21. I attended the deceased from 3/15/58 to 3/21/58 and last saw her/him alive on 3/21/58 Death occurred at 9:25 P. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>[Signature]</i> (Degree of title) M.D.				22b. ADDRESS Louisiana, Missouri		22c. DATE SIGNED 3/28/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 3-21-57	23c. NAME OF CEMETERY OR CREMATORY BOWLING GREEN CEMETERY		23d. LOCATION (City, town, or county) (State) BOWLING GREEN, MO.			
24. FUNERAL DIRECTOR JOHN W. BUTLER ADDRESS BOWLING GREEN, MO.				25. DATE RECD. BY LOCAL REG. March 31, 1958		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

(Licensed Embalmer's Statement on Reverse Side)

370

APR 24 1958

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 *John G. Butler*.....

Licensed Embalmer No... 444
BOWLING GREEN, MISSO
P. O. Address

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.