

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012146

FILED APR 15 1959

Registration District No. 375 Primary Registration District No. 6277 STATE FILE NUMBER 76  
Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>WRIGHT</b>	
b. CITY OR TOWN <b>BOONE (TWP)</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>HARTVILLE</b> <sup>1140</sup>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>RFD. NO. 7 mi</b>	

3. NAME OF DECEASED (Type or print)	First <b>ARMITTA</b>	Middle <b>WIDNER</b>	Last	4. DATE OF DEATH	Month <b>4</b>	Day <b>2</b>	Year <b>1959</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6-4-1890</b>	9. AGE (In years last birthday) <b>68</b>	10. FUNDER 1 YEAR Month <b>9</b> Days <b>29</b>	11. IF UNDER 24 HRS Hours <b>29</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE KEEPER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (City and state or country) <b>WRIGHT CO. MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOHN STARR</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH VAUGHN</b>	14. NAME OF HUSBAND OR WIFE <b>MARVE (DECEASED)</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>VONNIE WOOD HARTVILLE</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>	INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>
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)	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from <b>4-2-59</b> to <b>4-2-59</b> and last saw her alive on <b>4-2-59</b> Death occurred at <b>9:50 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Herbert W. ...</i>	(Degree or title) <b>2</b>	22b. ADDRESS <b>Hartsville Mo</b>	22c. DATE SIGNED <b>4-3-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4/5/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LITTLE CREEK</b>	23d. LOCATION (City, town, or county) <b>WRIGHT Co. Mo.</b>
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24. FUNERAL DIRECTOR <b>P. B. Simpson Hartsville Mo</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>4-14-59</b>	26. REGISTRAR'S SIGNATURE <b>Bonnie J. Jones</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL INFORMATION ON THIS FORM MUST BE CAUSALLY RELATED.

WRIGHT CO. HEALTH DEPT.  
File Number 457/42  
4-14-57

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 R. L. Barber .....

Licensed Embalmer No. 7848 .....

P. O. Address 7th St. S.W. .....

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.