

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 2 1960

-60-000890

STATE FILE NUMBER

Registration District No. 101 Primary Registration District No. _____ Registrar's No. 2

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cass</u>		Length of stay in 1b -----		c. CITY OR TOWN <u>Norwood R #2</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>Norwood (South)</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Norwood R #2</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Herman</u> Middle <u>Elmer</u> Last <u>Williams</u>				4. DATE OF DEATH Month <u>January</u> Day <u>15</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Cau.</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-11-1912</u>		9. AGE (last birthday) <u>47</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) <u>Douglas County</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>John Williams</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Smith</u>				14. NAME OF HUSBAND OR WIFE <u>Ellen Williams</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>186-40-9210</u>		17. INFORMANT Address <u>Ellen Williams Norwood, Missouri R#2</u>							
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>Coronary Occlusion</u>										INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u>Coronary Thrombosis</u>										<u>18 mo.</u>			
DUE TO (c) <u>arteriosclerosis</u>										<u>unknown</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Bronchial Pneumonia</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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		COUNTY		STATE	
21. I attended the deceased from <u>Feb 1958</u> to <u>Jan 15-1960</u> and last saw ^{him} alive on <u>Jan 15-1960</u> Death occurred at <u>1:30 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE (Degree or title) <u>Richard M. Mitchem DO</u>						22b. ADDRESS <u>Mtn. Grove, Mo</u>				22c. DATE SIGNED <u>1-20-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>1-19-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Low Cemetery</u>				23d. LOCATION (City, town, or county) <u>Norwood, Missouri R#2</u>					
24. FUNERAL DIRECTOR <u>Ernell C. Craig</u>				ADDRESS <u>Mtn. Grove, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>1-23-60</u>		26. REGISTRAR'S SIGNATURE <u>Vestal Bushman</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lewell C. Cera

Licensed Embalmer No. 476

P. O. Address Mtn. View

Note: This above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.