

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 28 1960

=60-022807

INDEXED

Registration District No. 120 Primary Registration District No. 4441 Registrar's No. 46

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Albany</b>		Length of stay in 1b <b>3 weeks</b>		c. CITY OR TOWN <b>Rural Howard Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gentry County Memorial Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>N. of Albany</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Mabel</b> Middle <b>Helen</b> Last <b>Williams</b>				4. DATE OF DEATH Month <b>June</b> Day <b>24</b> Year <b>1960</b>					
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8/3/1915</b>	9. AGE (last birthday) <b>44</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>4</b>	IF UNDER 24 HR Hours <b>4</b> Min. <b>4</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and state or country) <b>Gentry Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		
13a. FATHER'S NAME <b>George W. Parman</b>			13b. MOTHER'S MAIDEN NAME <b>Myrtle Carter</b>			14. NAME OF HUSBAND OR WIFE <b>Ora B. Williams</b>			
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 Address <b>Mr. Ora B. Williams Albany, Mo.</b>				
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>Metastatic ca. brain</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 mo.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Ca. breast - mammeotomy</b>							<b>5 years.</b>		
DUE TO (c) <b>5 years ago.</b>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <b>---</b>					
20c. TIME OF INJURY Hour <b>---</b> Month, Day, Year <b>---</b>									
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.) <b>---</b>		20f. CITY, TOWN, OR LOCATION <b>Albany</b>		COUNTY <b>Gentry</b>		STATE <b>Mo.</b>	
21. I attended the deceased from <b>May-23-60</b> to <b>6-24-60</b> (and last saw her alive on <b>6-24-60</b> ) Death occurred at <b>12:05A</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Frank H. Rose M.D.</b>				22b. ADDRESS <b>Albany, Mo</b>			22c. DATE SIGNED <b>6-25-60</b>		
23a. BURIAL/CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>June 26, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Grandview</b>		23d. LOCATION (City, town, or county) (State) <b>Albany, Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Brooks-Cochell Funeral Home, Albany, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>6-25-60</b>		26. REGISTRAR'S SIGNATURE <b>Mr. L. W. Bare</b>			

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 me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald E. Cochell

: 22

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

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.