

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048467
STATE FILE NUMBER

FILED VS. JAN 3 1961 337

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 93

1. PLACE OF DEATH a. COUNTY SHELBY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SHELBY					
b. CITY (If outside corporate limits, give TOWNSHIP only) LEONARD		Length of stay in 1b 567RS		c. CITY OR TOWN LEONARD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LEONARD RFD			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD LEONARD			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MYRTLE MAY WILLIAMS				4. DATE OF DEATH Month Day Year DEC 19 1960					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH MAY 8 1980	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (City and state or country) ONEA COUNTY MO		12. CITIZEN OF WHAT COUNTRY US		
13a. FATHER'S NAME ANDREW M. BOGGS			13b. MOTHER'S MAIDEN NAME LAURA ANN HULBERT			14. NAME OF HUSBAND OR WIFE JESSE WILLIAMS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MR JESSE WILLIAMS LEONARD MO				
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerosis, arteritis, atherosclerosis of coronary arteries							INTERVAL BETWEEN ONSET AND DEATH 1 year		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) circumstances of coronal thrombosis							DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerosis, arteritis, atherosclerosis of coronary arteries							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 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.)					
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 Jan 12, 1955 to Dec 19, 1960 and last saw her alive on Dec 10, 1960 Death occurred at 4:4 AM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Clady Bowes DO				22b. ADDRESS Heehiana, Mo.				22c. DATE SIGNED Dec 29, 1960	
23a. BURIAL, CREMATION REMOVAL (Specify) CNIAL		23b. DATE 12-21-60	23c. NAME OF CEMETERY OR CREMATORY LEONARD CEMETERY		23d. LOCATION (City, town, or county) LEONARD		(State) MO		
24. FUNERAL DIRECTOR GREENING CLARENCE				ADDRESS MO 12-30-60		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Ada Garrison	

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 Charles V. Hean

Licensed Embalmer No. 4625

P. O. Address Clareme

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.