

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007652

FILED MAR 27 1961

STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 13

AMENDED

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia		Length of stay in 1b about 14 hrs	c. CITY OR TOWN Centralia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Campbell House		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 309 Southgate Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last Kittie Williams			4. DATE OF DEATH Month Day Year March 23 1961
5. SEX Female	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/22/1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 81 IF UNDER 1 YEAR Months Days 0 0 IF UNDER 24 HR Hours Min. 0 0
11. BIRTHPLACE (City and state or country) Audrain County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thomas Wisdom		13b. MOTHER'S MAIDEN NAME Martha Gant	14. NAME OF HUSBAND OR WIFE deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address Mrs. Margaret Harris Centralia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. ENTER WAS CAUSED BY: IMMEDIATE CAUSE (a) multiple cerebral thrombi with progressive weeks paralysis including respiratory center DUE TO (b) cerebral arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH to months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease with cardiac de-			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 12-9-56 to 3-22-61 and last saw her/him alive on 3-22-61 Death occurred at 6 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Rett L Ward MD		22b. ADDRESS Centralia, Missouri	22c. DATE SIGNED 3-23-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 25, 1961	23c. NAME OF CEMETERY OR CREMATORY Centralia	23d. LOCATION (City, town, or county) (State) Centralia, Mo.
24. FUNERAL DIRECTOR ADDRESS Bess G Meadows Centralia, Missouri		25. DATE RECD. BY LOCAL REG. March 24, 1961	26. REGISTRAR'S SIGNATURE Maud M. Bride

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

MAR 28 1961

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 Bill J. Mesdor

Licensed Embalmer No. 4876

P. O. Address Centralia, 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.