MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014222
STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 181

FILED APR 17 1961

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin
Length of stay in 1b: 2 Hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St, John's Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Newton
c. CITY OR TOWN Neosho
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route # 2
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Cecelia Middle: Last: Williams
4. DATE OF DEATH Month: April Day: 7 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-3-1898
9. AGE (last birthday): 62
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (City and state or country): Pittsburg, Penn
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Hoffman
13b. MOTHER'S MAIDEN NAME: Teressa Hoffman
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs H.C. Petersen Address: R#2 Neosho, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular disease
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Sept 1960, to 7 April '61 and last saw her/him alive on 7 April 1961
Death occurred at 9:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G C Olive, MD (Degree or title)
22b. ADDRESS Neosho, Mo
22c. DATE SIGNED 4-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-11-61
23c. NAME OF CEMETERY OR CREMATORY: Seneca Cemetery
23d. LOCATION (City, town, or county) (State): Seneca, Missouri

24. FUNERAL DIRECTOR ADDRESS: Clark Funeral Home Neosho, Mo
25. DATE RECD. BY LOCAL REG.: 4-14-1961
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

APR 25 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_____ Signed Fred L. Clark

Signature of Student Embalmer

Licensed Embalmer No. 5056

P. O. Address 312 So. Wood Neosho, 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.