

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029844

STATE FILE NUMBER

AMENDED

Registration District No. 157  
**FILED SEP 1 1961**

Primary Registration District No. 3028 Registrar's No. 164

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>												
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u>		Length of stay in 1b <u>4 days</u>		c. CITY OR TOWN <u>Jasper</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>East Grand Avenue</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <u>Alice</u> Middle <u>(n)</u> Last <u>Iiams</u>				4. DATE OF DEATH Month <u>August</u> Day <u>18,</u> Year <u>1961</u>												
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 20, 1882</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>      </u> Days <u>      </u>	IF UNDER 24 HR Hours <u>      </u> Min. <u>      </u>									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and state or country) <u>Lowrey City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>									
13a. FATHER'S NAME <u>John Hubbard</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Park</u>			14. NAME OF HUSBAND OR WIFE <u>Will Iiams</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.		17. INFORMANT Address <u>Mrs. Alta Martin, Jasper, Mo.</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>Acute Myocardial Failure</u>							INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>									
DUE TO (b) <u>Chronic Myocarditis</u>							<u>unknown</u>									
DUE TO (c) <u>Atherosclerotic Heart Disease</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>Intestinal obstruction due to Volvulus (Surgery 17 Aug 1961)</u>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <u>      </u> Month, Day, Year <u>      </u> a.m. <u>      </u> p.m. <u>      </u>		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>Oct 1957</u> to <u>18 Aug 1961</u> and last saw her alive on <u>18 Aug 1961</u> Death occurred at <u>3:47 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.								22a. SIGNATURE <u>W. L. McNew M.D.</u> (Degree or title)		22b. ADDRESS <u>1512 Hazel, Carthage Mo</u>			22c. DATE SIGNED <u>8/19/61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>8-18-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Reser Funeral Home,</u>			23d. LOCATION (City, town, or county) <u>Warsaw, Mo.</u>									
24. <u>Martin Selvey</u> ADDRESS <u>Martin Selvey, Jasper, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>8-25-61</u>		26. REGISTRAR'S SIGNATURE <u>W. L. Clinton</u>										

**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 George W Newcomb  
Licensed Embalmer No. 4671  
P. O. Address Lockwood, 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.