

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43**

FILED JAN 19 1954

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>HOLY</u> Registrar's No. <u>5</u>				
1. PLACE OF DEATH a. COUNTY <u>FITCHISON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FITCHISON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port</u> <u>0030</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u> b. (Middle) <u>WILLIAMS</u> c. (Last) <u>NEWTALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-11-1954</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>4-11-1898</u>	9. AGE (In years last birthday) <u>55</u> Months <u>9</u> Days <u>0</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>TARKIO, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>JOHN WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>LYDA MCKINNEY</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nancy Opp</u>		ADDRESS <u>Rock Port, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Complete heart block</u> DUE TO (c) <u>Rheumatic Heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>Instant</u> <u>40 years</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>416x</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Sept</u> , 1952, to <u>Jan 11</u> , 1954, that I last saw the deceased alive on <u>1-11-</u> , 1954, and that death occurred at <u>11:50am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Wallace Carpenter MD</u>			23b. ADDRESS <u>Rock Port Mo</u>		23c. DATE SIGNED <u>1-12-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOME CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>TARKIO MISSOURI</u>				
DATE REC'D BY LOCAL REG <u>Jan 15, 1954</u>	REGISTRAR'S SIGNATURE <u>Therwin J. Schaefer</u> <u>443-</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BARTHOLOMEW MORTUARY, ROCK PORT, MO</u> ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 24

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
Student Embalmer

Signed Grady Barshatoum

Licensed Embalmer No. 3173

P. O. Address Rose Port. ms

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 this body is not embalmed, fact should be so stated above.