

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 2 1954

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) Rolla	c. LENGTH OF STAY (in this place) 2 minute	c. CITY OR TOWN Rolla	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Mem. Hospital		e. STREET ADDRESS (If rural, give location) 1100 Holloway Street	

0812
0

3. NAME OF DECEASED (Type or Print) a. (First) ALTHEA b. (Middle) L. c. (Last) WILLIAMS			4. DATE OF DEATH (Month) (Day) (Year) February 19, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 3, 1887	9. AGE (In years last birthday) 66	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and State or Foreign Country) Beulah, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME W. Z. Sturgeon		13b. MOTHER'S MAIDEN NAME Mollie Via		14. NAME OF HUSBAND OR WIFE E. D. Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. D. Williams Rolla, Mo.	

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		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) chr myocarditis		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

4201

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)		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 **Past 10 years**, 19____, 19____, that I last saw the deceased alive on **2-19**, 19**54**, and that death occurred at **12:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) E. E. Feind m. D.		23b. ADDRESS Rolla mo		23c. DATE SIGNED 2-20-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 21, 1954		24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	
24d. LOCATION (City, town, or county) (State) Rolla, Missouri					

DATE REC'D BY LOCAL REG. Feb. 23, 1954		REGISTRAR'S SIGNATURE Nadine L. Steele		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Mull Rolla, Mo.	
---	--	---	--	--	--

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

127

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.....

Paul E. New

Licensed Embalmer No. *449*

P. O. Address *Rolla,*

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.