

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35781**

FILED NOV 10 1955

BIRTH NO. _____ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **4535** Registrar's No. **71**

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| 1. PLACE OF DEATH a. COUNTY Washington | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington | |
| b. CITY OR TOWN Mineral Point | | c. CITY OR TOWN Mineral Point | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) 1100 | |

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|---|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Ade b. (Middle) William c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov 2 55 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Oct 17 1878 | | 9. AGE (In years last birthday) 77 | | 10. IF UNDER 1 YEAR: Months 15 Days | |
| 11. BIRTHPLACE (City and State or Foreign Country) Washington Co Mo | | 12. CITIZENSHIP OF WHAT COUNTRY U.S.A. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour | |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Washington Co Mo | | 12. CITIZENSHIP OF WHAT COUNTRY U.S.A. | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME Burt William | | 13b. MOTHER'S MAIDEN NAME Unknown | | 13c. NAME OF HUSBAND OR WIFE Nancy William | |
| 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. 488-26-1815 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hand William St. Louis Mo. | |

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|---|--|--|--|----------------------------------|--|
| 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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201 | | INTERVAL BETWEEN ONSET AND DEATH | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | 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 **Oct 1, 1955**, to **Nov 2, 1955**, that I last saw the deceased alive on **Oct 1, 1955**, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

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|--|--|--|--|--|--|
| 23a. SIGNATURE E. E. Curwell | | 23b. ADDRESS Potosi Mo | | 23c. DATE SIGNED 11/7/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 11-4-55 | | 24c. NAME OF CEMETERY OR CREMATORY Potosi Marine Cem. | |
| 24d. LOCATION (City, town, or county) (State) Potosi Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Luther Sparks | | ADDRESS Potosi Mo | |
| DATE REC'D BY LOCAL REG. 11-7-55 | | REGISTRAR'S SIGNATURE Hyland Yurdal | | 403-0 | |

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

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 *Murphy L. Spurr*

Licensed Embalmer No. *4236*

P. O. Address *St. Paul, Minn.*

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.