

FILED NOV 28 1955

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37451

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Southwest City</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>	c. CITY OR TOWN <u>Southwest City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		f. STREET ADDRESS (If rural, give location) <u>City</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Myrtle</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Williams</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-23-55</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 31, 1887</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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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>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Elmore, Minn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Jeff Beckworth</u>	13b. MOTHER'S MAIDEN NAME <u>C. Wathrope</u>	14. NAME OF HUSBAND OR WIFE <u>Bert William</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR ADDRESS <u>Bert Williams Southwest City Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u>		
	DUE TO (c) <u>Senility</u> <u>331X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Recurrent Cerebral Hemorrhage</u>		<u>6 yrs.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8-20 1955, to 8-23, 1955, that I last saw the deceased alive on 8-22, 1955, and that death occurred at 2:20 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. E. Varnack, M.D.</u>	23b. ADDRESS <u>Southwest City, Mo.</u>	23c. DATE SIGNED <u>11-15-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-26-55</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Southwest City</u>	24d. LOCATION (City, town, or county) (State) <u>Southwest City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-16-1955</u>	REGISTRAR'S SIGNATURE <u>Marye Humphrey</u>	423-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. M. Humphrey</u>	ADDRESS <u>Noel, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *F. M. Humphrey Jr.*

Licensed Embalmer No. *470*

P. O. Address *Noel*

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.