

19391

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 5 1956

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 39			
1. PLACE OF DEATH (Specify) a. COUNTY <u>Wagon</u>				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) - a. STATE <u>Missouri</u> b. COUNTY <u>Pack Co.</u>					
b. CITY OR TOWN <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>7-17</u>		c. CITY OR TOWN <u>Wassonville</u>		d. Is Residence within limits of a city or corporation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0840</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nebraska State Hosp No 3</u>				e. STREET ADDRESS (If rural, give location) <u>0840</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) <u>C</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-27-1956</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>11-30-1877</u>			
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wassonville, Mo</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Daniel Holman</u>			13b. MOTHER'S, MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Widowed</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edna Williams</u>		ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary and aortic</u>				DUE TO (a) <u>Coronary and aortic</u>				<u>Yes</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arteriosclerotic sclerosis</u>				<u>Yes</u>	
				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emil Permentia</u>								<u>Yes</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>4201F</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>Dormitory</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Wagon Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-3-1956</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>While going to bed - fell to floor</u>					
22. I hereby certify that I attended the deceased from <u>4-25</u> , 19 <u>56</u> to <u>5-27</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-26</u> , 19 <u>56</u> , and that death occurred at <u>9:30</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Type or Print) <u>Edna Williams</u>				23b. ADDRESS (Degree or title) <u>W. Nebraska Mo</u>		23c. DATE SIGNED <u>5-27-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>5-27-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Local Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Calver Missouri</u>			
DATE REC'D BY LOCAL REG. <u>5-28-56</u>		REGISTRAR'S SIGNATURE <u>Anna J. Ferrys</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwin - Blue</u>		ADDRESS <u>Calver Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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51

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..... *Francis C. Marsh*

Licensed Embalmer No. *49*

P. O. Address..... *Nevada*

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.