

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **148**

FILED JAN 22 1957

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>4024</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville		c. LENGTH OF STAY (in this place) 58 yrs		c. CITY OR TOWN Cassville		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 1300 Main Street				e. STREET ADDRESS (If rural, give location) 1300 Main Street			
3. NAME OF DECEASED (Type or Print) a. (First) LORETTA			b. (Middle) -			c. (Last) WILLIAMS	
4. DATE OF DEATH 1-10-57		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 9-26-1876		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 3 Days 14		IF UNDER 24 HRS. Hours 14 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (City and State or Foreign Country) Barry County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Manning			
13b. MOTHER'S MAIDEN NAME Phyletta Planchon				14. NAME OF HUSBAND OR WIFE C.W. 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 Frances Williams Cassville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis				INTERVAL BETWEEN ONSET AND DEATH 3-4 hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Astroarthritia				8-10 yrs.	
		DUE TO (c) Generalized arteriosclerosis				indefinite	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal calculi				4-5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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) (Min.)		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>Dec.</u> , 1949, to <u>1-10</u> , 1957, that I last saw the deceased alive on <u>1-10</u> , 1957, and that death occurred at <u>12:10 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Mary Newman, M.D.				23b. ADDRESS Cassville, Mo.		23c. DATE SIGNED 1-15-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-11-57		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Cassville, Mo.	
DATE REC'D BY LOCAL REG. Jan 15-57		REGISTRAR'S SIGNATURE, Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Williamson Chapel - Cassville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 157-8

DATE REC. 1-21-57

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 myself, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ray E. Williamson

Licensed Embalmer No. 4813

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.