

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9798

FILED APR 2 - 1957

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Esther 0940</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospita</u>			Length of stay in 1b <u>6 Hrs</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>NOHA</u> Middle <u>Ethel</u> Last <u>Willmore</u>				4. DATE OF DEATH Month <u>MAR.</u> Day <u>18</u> Year <u>1957</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 12, 1887</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
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		11. BIRTHPLACE (City and state or country) <u>Patterson Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Luther Coleman</u>				14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mr. William Seale Flat River Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis of coronary vessels</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>							INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		CITY _____ COUNTY _____ STATE _____		
21. I attended the deceased from <u>3-18-57</u> to <u>3-18-57</u> and last saw her <u>alive</u> on <u>3-18-57</u> Death occurred at <u>9:03 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Robert A. Buckner M.D.</u>				22b. ADDRESS <u>Farmington, Mo.</u>		22c. DATE SIGNED <u>3/19/57</u>		
23a. BURIAL, CREMATION, REMOVAL, or SPEECH <u>BURIAL</u>		23b. DATE <u>3-21-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BALLET CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>Old watch, MO.</u>			
24. FUNERAL DIRECTOR <u>Raymond Caldwell Bone</u>			ADDRESS <u>Flat River Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 19 1957</u>		26. REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

S. 300
7. 1-56

Securing the medical certification in this space. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

229-03

(Licensed Emballer's Statement on Reverse Side)

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 *R. Caldwell*

Licensed Embalmer No. *253*

P. O. Address *Flat R w*

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.