

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15868

FILED MAY 14 1957

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 6115 Registrar's No. 80

Health, Welfare Public Service

300 1-56

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.
 -USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHLAND</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sebastian Mo</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				Length of stay in 1b		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>LIZZIE</u> Middle <u>-</u> Last <u>WILLIAMS</u>		4. DATE OF DEATH Month <u>March</u> Day <u>26</u> Year <u>1957</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 2 1908</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</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. BIRTH PLACE (City and state or country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown Sebastian Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>7901</u>		17. INFORMANT <u>Charlie Walker</u> Address			
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>Thromboplegia</u> DUE TO (b) <u>Cardiac Insufficiency</u> DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH <u>1-2 MO</u> <u>1-2 MO</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>?</u> Month <u>?</u> Day <u>?</u> Year <u>?</u> a. m. <u>?</u> p. m. <u>?</u>							
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		COUNTY STATE	
21. I attended the deceased from <u>2-18-57</u> to <u>2-18-57</u> and last saw <u>her</u> alive on <u>2-18-57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Thomas C. McClure Jr.</u>				22b. ADDRESS <u>Sebastian, Mo</u>		22c. DATE SIGNED <u>4-1-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>March 31, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sebastian Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Sebastian Mo</u>		
24. FUNERAL DIRECTOR <u>Alvin Dutton</u>		ADDRESS <u>Sebastian Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 4-57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	

(Licensed Embalmer's Statement on Reverse Side)

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DATE RECEIVED MAY 6 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 557-94

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 Travis S. Mansure

Licensed Embalmer No. 4160

P. O. Address Liberton

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.