

FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28987**

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 144

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Phelps | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rolla | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN St. James | d. In 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 Phelps Co Hospital | | e. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) | a. (First) Beddie | b. (Middle) Edith | c. (Last) Williams |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 4. DATE OF DEATH (Month) (Day) (Year) Aug 17, 1957 |
| 8. DATE OF BIRTH Oct 7, 1886 | 9. AGE (In years) (Month) (Day) (Hours) (Min.) 70 10 10 | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY None |
| 11. BIRTHPLACE (City and State or Foreign Country) Missouri | 12. CITIZEN OF WHAT COUNTRY? USA | 13a. FATHER'S NAME William Tipton | 13b. MOTHER'S MAIDEN NAME ? |
| 14. NAME OF HUSBAND OR WIFE John Williams | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME John Williams ADDRESS St. James, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease DUE TO (c) myocardial infarction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| INTERVAL BETWEEN ONSET AND DEATH 2 years | 19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION None | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? none | 22. I hereby certify that I attended the deceased from Sept. 1856 to Aug 17, 1957 that I last saw the deceased alive on Aug 17, 1957 and that death occurred at 4:30 AM , from the causes and on the date stated above. | 23a. SIGNATURE (Deceased or Living) Beddie Williams |
| 23b. ADDRESS Rolla, Missouri | 23c. DATE SIGNED 8/19/57 | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Aug 19, 1957 |
| 24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery | 24d. LOCATION (City, town, or county) (State) St. James, Missouri | DATE REC'D BY LOCAL REG. Aug. 19, 1957 | REGISTRAR'S SIGNATURE Nadine L Stoll |
| 25. FUNERAL DIRECTOR'S SIGNATURE Jesse Baker | ADDRESS St. James, Mo. | | |

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

RECEIVED

Phelps County Health Officer,

County File Number 803

Date Filed AUG 28 1957

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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 C. Jesse Gahr

Licensed Embalmer No..... 4486

P. O. Address St. James, Mo.

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.