

Health, Welfare, Public Service
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 -56
 symptoms were observed. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 diseases in Part I must be casually related.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30759
 STATE FILE NUMBER

FILED OCT 1 1957

Registration District No. 11 Primary Registration District No. 5041 Registrar's No. 71

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, give TOWNSHIP only) OR TOWN Flatt Creek #1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN R. FD Cassville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1.3 Mi. S-W Cassville Mins.		Length of stay in lb	d. STREET (If outside, give location) ADDRESS S.W of Cassville		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NELLE Middle ADRIAN Last FUQUAY			4. DATE OF DEATH Month 9 Day 15 Year 57		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 26 1899	9. AGE (In years last birthday) 58 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Bolivar, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME W.O. Williams			14. MOTHER'S MAIDEN NAME Clara		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yrs. give war or dates of service)	17. INFORMANT J.R. Fuquay Address Cassville, RFD, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. } DUE TO (b) Coronary insufficiency DUE TO (c) Hypertensive Cardio-vascular disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH Instantaneous 6 yrs 10 yrs.
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		COUNTY STATE
21. I attended the deceased from 1950 to Sept. 1957 and last saw her alive on 6-19-57 Death occurred at 7:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Mary Newman, M.D.			22b. ADDRESS Cassville, Mo.		22c. DATE SIGNED 9-16-57
23a. BURIAL, CREMATION REMOVAL (Specify) removal		23b. DATE 9-18-57	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Cherokee Okla.
24. FUNERAL DIRECTOR W. J. Williams ADDRESS Capel		25. DATE RECD. BY LOCAL REG. 9-17-57		26. REGISTRAR'S SIGNATURE Grace Williams	

(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 957-173

DATE REC. 9-23-57

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

Student
Signature of Student Embalmer

Signed [Signature]
Licensed Embalmer No. 48

P. O. Address Cassville

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