

pt. Health,
, & Welfare
S. Public
lth Service

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44990
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 50

S. 300
ev. 1-57

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1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Bedford Twp 1835		c. CITY OR TOWN Foristell 1090	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln CO Mem Hosp 12 dys		d. STREET ADDRESS (If outside, give location) 12 dys	

3. NAME OF DECEASED (Type or print) First Sally Middle P Last Williams			4. DATE OF DEATH Month Dec Day 3 Year 1957		
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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 July 15 1881	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Warren Co MO	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Mark Pringle	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE George G Williams
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT Geo. G. Williams Address Foristell MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) medullary paralysis		INTERVAL BETWEEN ONSET AND DEATH 13 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) cerebral thrombosis	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) diabetes mellitus		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour _____ 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 Wright City, Mo.	COUNTY _____ STATE _____
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21. I attended the deceased from 6-19-51 to 12-3-57 and last saw her alive on 12-3-57 Death occurred at 6:35 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Joe Beckmeyer, M.D.</i> (Degree or title)	22b. ADDRESS Wright City, Mo.	22c. DATE SIGNED 12-6-57
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23a. BURIAL, CREMATION, REBURY (Specify) BURIAL	23b. DATE 12/6/57	23c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	23d. LOCATION (City, town, or county) (State) Wright City Missouri
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24. FUNERAL DIRECTOR Nieburg Furn & Und CO ADDRESS Wright city	25. DATE RECD. BY LOCAL REG. DEC 27 1957	26. REGISTRAR'S SIGNATURE <i>Hell-Schwenheim</i>
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MO Licensed Embalmer's Statement on Reverse Side

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

5-50

MAY 19 1958

JAN 5 1958

1958

MAY 5

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 *Julius J. Nieburg* Licensed Embalmer No. *3366* P. O. Address *Wright City*

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.