

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011223
STATE FILE NUMBER

FILED APR 3 1958

Registration District No. 305 Primary Registration District No. 7452 Registrar's No. 14

300
-57
120

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Jefferson <u>8120</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentzville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Mount Vernon
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wentzville		Length of stay in lb	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) Ira Geneva Williams			4. DATE OF DEATH March 23, 1958		
First	Middle	Last	Month	Day	Year

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 August 1, 1890	9. AGE (In years) last birthday 67	10. UNDER 1 YEAR Months 7 Days 23	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home Duties	11. BIRTHPLACE (City and state or country) Spring Garden, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Jefferson Arnold	13b. MOTHER'S MAIDEN NAME Nellie Palmer	14. NAME OF HUSBAND OR WIFE Otis Williams
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Address Otis Williams, Mount Vernon, Illinois
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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) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ARTERIO SCLEROSIS	2 yrs
	DUE TO (c) HYPERTENSION	2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 3-22-58 to 3-23-58 and last saw her alive on 3-22-58 Death occurred at 10:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE W E Bergesen DO2	(Degree or title)	22b. ADDRESS Wentzville, Mo	22c. DATE SIGNED 3-23-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 26, 1958	23c. NAME OF CEMETERY OR CREMATORY Wolf Prairie Cem.	23d. LOCATION (City, town, or county) Mount Vernon	(State) Ill
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24. FUNERAL DIRECTOR T.J. Pitman, Wentzville	ADDRESS	25. DATE RECD. BY LOCAL REG. March 31, 1958	26. REGISTRAR'S SIGNATURE Mark F. Luff
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No diagnosis written on reverse. All diseases in Part I must be causally related.

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 *Carlton J. Pitman*

Licensed Embalmer No. *4974*

P. O. Address *Wentzville*

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.