

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017259
STATE FILE NUMBER

FILED JUN 4 1958 Registration District No. 11 Primary Registration District No. 5047 Registrar's No. 53

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 Jenkins Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Jenkins #44 Mo.		0050 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mi. S. Jenkins			Length of stay in 1b 47 yrs.		d. STREET ADDRESS (If outside, give location) 2 mi. S Jenkins		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) MARY				First MARY Middle ** Last ROSS		4. DATE OF DEATH Month 5 Day 6 Year 58			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-5-1871		9. AGE (In years last birthday) 86			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homekeeper			10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) Benton Co. Ill.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Williams Downs				14. MOTHER'S MAIDEN NAME Betty Watkins					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Pona Ross, Jenkins, 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) Cerebral Thrombosis.							INTERVAL BETWEEN ONSET AND DEATH 2 wks.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Atherosclerosis.		DUE TO (c) 332 X		Years 1			
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? 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 — 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 1947 to May 6-1958 and last saw her alive on March 8-1958 Death occurred at 2:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE A. P. Kopetz (Degree or title) M.D.				22b. ADDRESS Arms, Mo.			22c. DATE SIGNED 5-10-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-8-58	23c. NAME OF CEMETERY OR CREMATORY Mars Hill Cemetery		23d. LOCATION (City, town, or county) (State) Barry Co., Missouri				
24. FUNERAL DIRECTOR Byle Williamson, Cassville, Mo.				ADDRESS Cassville, Mo.		25. DATE RECD. BY LOCAL REG. May 28-1958		26. REGISTRAR'S SIGNATURE Grace Williams	

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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 4 1958

NO. 658 - 121

DATE REC. 6-2-58

JUN 6 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wyle E. Williams*
Licensed Embalmer No. 48

P. O. Address Cassville

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