

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

99140-57 58-019108
State File No.

No. 300
10.48

FILED MAY 26 1958

REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: resi- a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID sup life</u>		c. LENGTH OF STAY (in this place) c. CITY OR TOWN <u>NEW MADRID.</u>	d. Is Residence within 10 miles of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Name</u>		f. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUTH ANN</u> b. (Middle) <u>WILLIAMS</u> c. (Last) <u>WILLIAMS</u>		4. DATE OF DEATH (Month) (Day) <u>19 May - 10 - 58</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D</u>	8. DATE OF BIRTH <u>Nov-26-1957</u>
9. AGE (In years last birthday) <u>0</u> if UNDER 1 YEAR Months <u>5</u> Days <u>11</u> if 1 YEAR or more		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>NEW MADRID, MO</u>
12. CITIZENSHIP COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>CHARLEY WILLIAMS</u>	
13b. MOTHER'S MAIDEN NAME <u>TENET GEORGE</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>	
17. INFORMANT'S SIGNATURE OR NAME (Print) <u>TENET WILLIAMS, NEW MADRID, MO</u>			

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL ONSET AN.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Pneumonia</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Upper Respiratory infection</u>		<u>8 hours</u>	
DUE TO (c) <u>none</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>2 days</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>492X</u>	20. AUTO-PSYSE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NEW MADRID, MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-7-1958, to 5-10-1958, that I last saw the deceased alive on 5-10-1958, and that death occurred at 1:30 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James O. Carpenter D.O. 2 Bloomfield Mo.</u>		23b. ADDRESS <u>514-58</u>		23c. DATE	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11 May 58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sandhill Cemetery New Madrid, Mo</u>		24d. LOCATION (City, town, or county)	
DATE REC'D BY LOCAL REG. <u>19 May 58</u>	REGISTRAR'S SIGNATURE <u>Fay Hedgepeth</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richards Undert Co. N. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAY 20 1958
NEW MADRID CO. HEALTH CENTER

E. P.

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..

not embalmed

Student

Signature of Student Embalmer

Signed Tommy L. Roberts

Licensed Embalmer No. 4886

P. O. Address New Madrid

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.