Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-027577
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7427

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 16 Mo-BAPTIST HOSP. — Length of stay in Ib: 3 WKS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: FRANKLIN
c. CITY OR TOWN: 31 SULLIVAN, 36 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 247 MEREDITH LANE — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: EDITH Middle: EVELYN Last: WILLIAMS

4. DATE OF DEATH Month: JULY Day: 27 Year: 1958

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: JULY 9, 1907

9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months: 0 Days: 18 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: SHOE MFG.

11. BIRTHPLACE (City and state or country): WASHINGTON, MO.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: ED BANDY

13b. MOTHER'S MAIDEN NAME: MARY BOEHM

14. NAME OF HUSBAND OR WIFE: HAROLD WILLIAMS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT: HAROLD WILLIAMS Address: SULLIVAN, MO.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): for advanced Carcinoma of cervix — INTERVAL BETWEEN ONSET AND DEATH: 3 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 171X
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 ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Feb 10, 1956 to July 27, 1958 and last saw her/him ~~alive on~~ July 26th 1958
Death occurred at 10:00 pm July 27 1958 upon the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dominic J. Verda M.D.

22b. ADDRESS: 4500 Olive

22c. DATE SIGNED: 7-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: JULY 30, 1958

23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. MEMORIAL CEM.

23d. LOCATION (City, town, or county) (State): SULLIVAN, MO.

24. FUNERAL DIRECTOR: H. McEaton

ADDRESS: Sullivan, Mo.

25. DATE RECD. BY LOCAL REG.: JUL 30 58

26. REGISTRAR'S SIGNATURE: J. Carl Smith MD
M.D.B.

(Licensed Embalmer's Statement on Reverse Side)

MAR 3 1959

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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, Mo.

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.