

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039769

FILED VS NOV 30 1959

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 149

MEMORANDUM

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany		Length of stay in 1b 16 hrs.	c. CITY OR TOWN Bethany Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Noll-Memorial Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Mary Jane Williams			4. DATE OF DEATH Month Day Year 11-23-59		
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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 10-27-1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months 0 Days 26 Hours Min. 	IF UNDER 24 HR 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 none	11. BIRTHPLACE (City and state or country) Gentry Co., Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Joseph Fraker	13b. MOTHER'S MAIDEN NAME Mary Miller	14. NAME OF HUSBAND OR WIFE Nelson Williams
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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 Address Mrs. Edna Frame Bethany, 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) LEFT CEREBRAL THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 1 WK.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) GENERALIZED ARTERIO SCLEROSIS		years.
	DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.	Month, Day, Year _____
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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 _____
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21. I attended the deceased from 8-3-59 to 11-23-59 and last saw her 11-22-59 alive on
Death occurred at 3:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert H. Nibbe M.D.	22b. ADDRESS Bethany, Mo.	22c. DATE SIGNED 11-24-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11/25/59	23c. NAME OF CEMETERY OR CREMATORY Walker	23d. LOCATION (City, town, or county) (State) Denver, Mo.
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24. FUNERAL DIRECTOR ADDRESS M. Haas Bethany, Mo.	25. DATE RECD. BY LOCAL REG. 11-24-1959	26. REGISTRAR'S SIGNATURE Jella Maxey
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *MST Haas*

Licensed Embalmer No. 3699

P. O. Address Bethany

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.