

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039835

STATE FILE NUMBER

FILED VS. DEC 14 1959 140

Primary Registration District No. 3024 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		Length of stay in 1b 3 yrs	c. CITY OR TOWN Fayette
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wells Resthaven		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 400 N. Mulberry
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last HATTIE EVELYN WILLIAMS			4. DATE OF DEATH Month Day Year Dec. 7, 1959		
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 Nov. 1, 1877	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 1 Days 8 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during past working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Howard Co. Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME David Wisely		13b. MOTHER'S MAIDEN NAME Frances Ann Pulliam	
14. NAME OF HUSBAND OR WIFE James Turner Williams		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 Cecil Williams Fayette, 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) <u>Acute congestive heart failure</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 8 hours Unknown
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 type="checkbox"/> No <input type="checkbox"/> Unknown

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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Jan 1 1957</u> to <u>Dec 7 1959</u> and last saw her alive on <u>Dec 2 1957</u> Death occurred at <u>3:20</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Francis D. Jones M.D.</i>			22b. ADDRESS <i>Fayette, Mo</i>		22c. DATE SIGNED <i>8 Dec 1959</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/8/59	23c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Fayette, Missouri	
24. FUNERAL DIRECTOR ADDRESS <i>Ralph A. Carr Fayette, Mo</i>			25. DATE RECD. BY LOCAL REG. 12-8-59		26. REGISTRAR'S SIGNATURE <i>Katherine Welch</i>

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 m

~~only~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed William C. Trebo

Licensed Embalmer No. 4870

P. O. Address Jayette

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.