

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041093

FILED VS NOV 3 0 1959

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 120

INDEXED

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|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Newton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Newton | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho | | c. CITY OR TOWN Neosho | |
| Length of stay in 1b 4 mos. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hospital | | d. STREET ADDRESS (If outside, give location) 330 S. Hamilton | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last ELZA G. WILLIAMS | | | 4. DATE OF DEATH Month Day Year November 18, 1959 |
| 5. SEX Male | 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 9-18-1884 |
| 9. AGE (last birthday) 75 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist | | 10b. KIND OF BUSINESS OR INDUSTRY Dentist | 11. BIRTHPLACE (City and state or country) McDonald County, Mo. |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME William G. Williams | |
| 13b. MOTHER'S MAIDEN NAME Catherine Beck | | 14. NAME OF HUSBAND OR WIFE Helen 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 Mrs. Helen Williams Neosho, Mo. | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Pneumonia Stupor Coma DUE TO (b) Chronic Inoperated nephritis DUE TO (c) Cerebral Hemorrhage with paralysis on left side PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerosis | | | INTERVAL BETWEEN ONSET AND DEATH Nov 18-59 Nov 8-59 June-59 |
| 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 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 June 1959 to Nov 18-59 and last saw him alive on Nov 18-59 Death occurred at 10:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) W. Melvin P. Bowman M.D. | | 22b. ADDRESS Neosho Mo | |
| 22c. DATE SIGNED Nov 24-59 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE 11-20-59 | | 23c. NAME OF CEMETERY OR CREMATORY I.O.C.F. Cemetery | |
| 23d. LOCATION (City, town, or county) (State) Neosho, Missouri | | 24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home Neosho, Mo. | |
| 25. DATE RECD. BY LOCAL REG. Nov. 24, 1959 | | 26. REGISTRAR'S SIGNATURE W. Melvin P. Bowman M.D. | |

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 313 So. W
Merabe, 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.