

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006964

FILED VS MAR 8 1960

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 1576 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>VALLE TOWNSHIP</u> Length of stay in 1b <u>5 MONTHS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JEFFERSON</u> c. CITY OR TOWN <u>DE SOTO</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>2 MILES NORTH OF CITY</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CITY 2 BLOCKS N.W. LIMITS</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		e. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 MILES NORTH OF CITY</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>RUTH ANN WILLIAMS</u>			4. DATE OF DEATH Month Day Year <u>FEB. 26, 1960</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-19-1863</u>	9. AGE (last birthday) <u>96</u>	IF UNDER 1 YEAR	IF UNDER 24 HR		
				Months		Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>JEFFERSON COUNTY</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CHRISTIAN TREET</u>	13b. MOTHER'S MAIDEN NAME <u>ELMINA BARKLEY</u>	14. NAME OF HUSBAND OR WIFE <u>PETER E. WILLIAMS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>MRS. ELMIRA DAVIS, DE SOTO, MO.</u>
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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) <u>arterio-sclerotic cardio-vascular disease</u> DUE TO (b) <u>vascular 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 <u>years</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>	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
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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.) <u>no</u>
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20c. TIME OF INJURY Hour / s.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 June 18, 1953 to Feb 26, 60 and last saw her alive on Feb 25, 60
 Death occurred at 12:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Marie V. Jeffers M.D.</u>	22b. ADDRESS <u>De Soto, Mo.</u>	22c. DATE SIGNED <u>Feb 27, 60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-28-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>	23d. LOCATION (City, town, or county) (State) <u>DE SOTO, MO.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>DIETRICH FUNERAL HOME De Soto, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 28-1960</u>	26. REGISTRAR'S SIGNATURE <u>Marie Harris</u>
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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 Donnell Fred Dietrich, Student Embalmer No. 588

working under my personal supervision.

Student Donnell Fred Dietrich
Signature of Student Embalmer

Signed Donnell F. Dietrich

Licensed Embalmer No. 4104

P. O. Address Delto, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.