

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020497

FILED VS JUN 8 1960

Registration District No. 297 Primary Registration District No. 4446 Registrar's No. 70

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY RAY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY RAY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HARDIN		Length of stay in 1b 19 yrs.		c. CITY OR TOWN HARDIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EFFIE Middle ADELINE Last WILLIAMS				4. DATE OF DEATH Month MAY Day 26 Year 1960			
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 MAY 1-1886	9. AGE (last birthday) 74	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) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CARROLL COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME JACOB HORINE			13b. MOTHER'S MAIDEN NAME MARY MYERS		14. NAME OF HUSBAND OR WIFE FRANK 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.		17. INFORMANT FRANK WILLIAMS - HARDIN, 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) Cerebral Vascular Accident							INTERVAL BETWEEN ONSET AND DEATH 2 1/2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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	
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 3-13-60 to 5-26-60 and last saw her him alive on 4-28-60 Death occurred at 5-26-60 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Thomas B. Cook M.D.				22b. ADDRESS Richmond, Mo.		22c. DATE SIGNED 5-29-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-29-60	23c. NAME OF CEMETERY OR CREMATORY FAIRHAVEN CEM.		23d. LOCATION (City, town, or county) NORBORNE, MO.		(State)	
24. FUNERAL DIRECTOR KNIPSCHILD + BORCHERTS				25. DATE RECD. BY LOCAL REG. HARDIN, MO. 6-5-1960		26. REGISTRAR'S SIGNATURE Malcolm Jackson	

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 August Bouchard

Licensed Embalmer No. 4678

P. O. Address Hardin, 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.