URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960

60-030286

STATE FILE NUMBER

NDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 904

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1424 Washington
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First IDA Middle BLANCHE Last WILLIAMS

4. DATE OF DEATH Month August Day 27, Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 30 Sept. 1886
9. AGE (last birthday) 73
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 Home
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME Kate Keatley
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT Sidney Williams (Son) Address Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Heart failure, acute	3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic myocarditis	12 months
DUE TO (c)	arteriosclerotic decrepitude	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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Springfield COUNTY Greene STATE Mo

21. I attended the deceased from Aug 14, '59, to 8/27/60 and last saw ~~him~~ her alive on 8/27/60

Death occurred at 8:10 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] M.D.
22b. ADDRESS 609 Cherry Springfield, Mo.
22c. DATE SIGNED 8-29-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-30-60
23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery
23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. ADDRESS SPRINGFIELD MO.
jhc
25. DATE REC'D BY LOCAL REG. 8-30-60
26. REGISTRAR'S SIGNATURE Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

FEB 4 1962

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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