URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 21 1960

-60-042711

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 138

NDED

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield — Length of stay in 1b 13 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pershing Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN Brookfield — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 208 E. John St — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: AMBER WILLIAMS

4. DATE OF DEATH Month Day Year: November 15, 1960

5. SEX: F
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-4-1896
9. AGE (last birthday): 64 — 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: Own Home
11. BIRTHPLACE (City and state or country): Brook, Nebraska
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: A. E. Ovenden
13b. MOTHER'S MAIDEN NAME: Stella Tucker
14. NAME OF HUSBAND OR WIFE: Ira J. 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: Ira J. Williams — Address: Brookfield, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastases of Adpillary Adenocarcinoma of ovaries
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cachexia, Anemia.
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 COUNTY STATE

21. I attended the deceased from Nov. 10 1959, to Nov. 15. 60 and last saw her/him alive on Nov. 15, 1960.
Death occurred at 9 00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. W. Bohrnak M.D.
22b. ADDRESS: Brookfield Mo.
22c. DATE SIGNED: 11/17/60.

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-17-1960
23c. NAME OF CEMETERY OR CREMATORY: Pawnee City Cemetery
23d. LOCATION (City, town, or county) (State): Pawnee City, Nebraska

24. FUNERAL DIRECTOR: Wright Funeral Home — ADDRESS: Brookfield, Mo.
25. DATE RECD. BY LOCAL REG.: 11-18-60
26. REGISTRAR'S SIGNATURE: Kathaline Johnson Dep

DOCUMENT

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield,

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.