

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014872  
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. - Registrar's No. 152

FILED APR 20 1961

1. PLACE OF DEATH a. COUNTY <b>ST FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST FRANCOIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FARMINGTON - RURAL</b> Length of stay in 1b		c. CITY OR TOWN <b>DOE RUN</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MINERAL AERA HOSP.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>GEN DEL.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>IDA</b> Middle <b>MAY</b> Last <b>WEISS</b>			4. DATE OF DEATH Month <b>APRIL</b> Day <b>12</b> Year <b>1961</b>				
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/10/79</b>	9. AGE (last birthday) <b>81</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (City and state or county) <b>ST FRANCOIS COUNTY MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM HIGBEE</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH WOODS</b>		14. NAME OF HUSBAND OR WIFE <b>MRS ED. WILLIAMS DOE RUN MO.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>MRS ED. WILLIAMS DOE RUN MO.</b>			

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) <b>Pulmonary Edema</b>			<b>12 hours</b>
DUE TO (b) <b>Renal Shutdown</b>			<b>12 hours</b>
DUE TO (c) <b>arteriosclerosis &amp; bronchial asthma</b>			<b>unknown</b>
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 <b>April 1, 1961</b> to <b>April 12, 1961</b> and last saw him alive on <b>April 12, 1961</b> Death occurred at <b>1:32 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <b>Lucretia J. Williams</b>		22b. ADDRESS <b>Harmon, Mo</b>		22c. DATE SIGNED <b>4/13/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4/15/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Weiss CEMETERY</b>	23d. LOCATION (City, town, or county) <b>NEAR DOE RUN MISSOURI</b>	

24. FUNERAL DIRECTOR <b>C.H. COZEAN FARMINGTON MO.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>April 13, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>
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AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

MAY 23 1961

**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 \_\_\_\_\_

Licensed Embalmer No. 4084

P. O. Address Farmington

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.