

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031772

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 5037 Registrar's No. 224

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

**1. PLACE OF DEATH**  
 a. COUNTY Audrain  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico RFD #5 Length of stay in 1b 6 yrs.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Caldwell Nursing Home Inside Limits Yes  No

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

**3. NAME OF DECEASED** (Type or print) First Emma Middle (NMI) Last Williams  
**4. DATE OF DEATH** Month Sept. Day 27 Year 1961

**5. SEX** Female **6. COLOR OR RACE** White **7. Married**  Never Married  Widowed  Divorced   
**8. DATE OF BIRTH** June 23, 1880 **9. AGE** (last birthday) 81 IF UNDER 1 YEAR: Months 3 Days 4 IF UNDER 24 HR: Hours 1 Min. 2

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) housewife **10b. KIND OF BUSINESS OR INDUSTRY** at home **11. BIRTHPLACE** (City and state or country) Montgomery Co. Mo **12. CITIZEN OF WHAT COUNTRY** U S A

**13a. FATHER'S NAME** Christian Schwendker **13b. MOTHER'S MAIDEN NAME** Katherine Schroif **14. NAME OF HUSBAND OR WIFE** \_\_\_\_\_

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no **16. SOCIAL SECURITY NO.** none **17. INFORMANT** Mrs. W. L. Michols, Mexico, 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) Myocardial infarction  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis & Hypertension  
 DUE TO (c) anility  
 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** \_\_\_\_\_ **COUNTY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**21. I attended the deceased from** 9-24-61 to 9-27-61 and last saw her <sup>her</sup> <sub>him</sub> alive on 9-26-61  
 Death occurred at 4 A m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) James E. Toft D.O. **22b. ADDRESS** 108 N. Clark Mexico Mo **22c. DATE SIGNED** 9-29-61

**23a. BURIAL, CREMATION, REMOVAL** (Specify) Burial **23b. DATE** Sept. 29, 1961 **23c. NAME OF CEMETERY OR CREMATORY** Wellsville Cemetery Wellsville, Mo **23d. LOCATION** (City, town, or county) (State) \_\_\_\_\_

**24. FUNERAL DIRECTOR** Howard F. Myers, Wellsville, Mo. **25. DATE RECD. BY LOCAL REG.** Sept 29-1961 **26. REGISTRAR'S SIGNATURE** Blanche Neely

**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 Earl S. Orndorff

Licensed Embalmer No. 3189

P. O. Address Mexico 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.