REC'D JUL 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21443
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain — Registration District No. 26

(b) Township Salt River — Primary Registration District No. 5034 — Registered No. 108

(c) or City ~~Mexico Mo~~ — (d) Street No. R. F. D. #5 Kanaley Farm Home St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

452

2. PRINT FULL NAME Ode Don Willingham

(a) Residence, No. R. F. D. #5 St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Road Maintaince

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico, Mo 0

FATHER

13. NAME Red Willingham 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roachport, Mo. 0

MOTHER

15. MAIDEN NAME Anna Coleman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roachport, Mo.

17. INFORMANT (ADDRESS) Ed. Willingham Mexico, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood, Mexico Mo DATE July 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cha.s Arnold Jr. Mexico, Missouri

20. FILED July 19, 1939 Blanche Neely Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17-, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Coroner Case
Suicide, by a shot from a 12 gauge 1 shot gun

Date of onset

Other contributory causes of importance:

167

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) B M Marlow Coroner

23 (Address) Mexico Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1 X16605

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 7-21-29

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 Chas Arnold Jr, Registered Apprentice No. ....., working under my personal supervision.

Signed Chas Arnold Jr

Licensed Embalmer No. 3569

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 this body is not embalmed, above space should be left blank.