

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 9 1949

State File No. **16703**

BIRTH NO. _____		REG. DIST. NO. <b>236</b>		PRIMARY REG. DIST. NO. <b>5818</b>		Registrar's No. <b>21</b>	
1. PLACE OF DEATH a. COUNTY <b>Morgan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>DeKalb</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moreau Tw'n. Rural</b>		c. LENGTH OF STAY (In this place) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sycamore, Ill.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 Mi. North Versailles, Mo.</b>				d. STREET ADDRESS (If rural, give location) <b>2</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Patricia</b> b. (Middle) <b>M.</b> c. (Last) <b>Willis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 5 1949</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Sept. 30, 1934</b>		9. AGE (In years last birthday) <b>14</b>	10. UNDER 1 YEAR Months <b>8</b> Days <b>5</b>	11. UNDER 24 HRS. Hours <b>5</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>DeKalb Co. Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert Willis</b>		13b. MOTHER'S MAIDEN NAME <b>Mildred Powers</b>		14. NAME OF HUSBAND OR WIFE <b>None</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. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert Willis Sycamore, Ill.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.							INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____							E09291 42
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>3 miles north of Versailles Mo. Morgan Mo.</b>		21d. HOW DID INJURY OCCUR? <b>Asphyxiation by Drowning</b>	
21d. TIME OF INJURY <b>2:45 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Brich L. Medicine Morgan Co. Colonel Versailles Mo</b>				23b. ADDRESS <b>Verailles Mo</b>		23c. DATE SIGNED <b>6-6-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6 June 49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sycamore, Illinois</b>		24d. LOCATION (City, town, or county) (State) <b>Sycamore, Ill.</b>		
DATE REC'D BY LOCAL REG. <b>June 6-1949</b>		REGISTRAR'S SIGNATURE <b>D. L. Washburn</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. J. Washburn</b>		ADDRESS <b>Versailles, Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ALTERED  
6-8-69

RECEIVED

District Health Officer No. 7

District File Number 5-49-69

Date Filed 6-8-69

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 .....  
Student Embalmer

Signed Raymond C. Lasher

Licensed Embalmer No. 4626

P. O. Address Versailles, 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, fact should be so stated above.