

FILED JUL 12 1949

STANDARD CERTIFICATE OF DEATH

19313

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>49</u>			
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Merced</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Prentiss Mo</u>		TOWN <u>8</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u>		b. (Middle)		c. (Last) <u>Willard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-23-49</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 25-1870</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 2 HRS. Days <u>29</u> Hours <u>29</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Merced Mo</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Joseph Dean</u>			13b. MOTHER'S MAIDEN NAME <u>Hannah Hays</u>		14. NAME OF HUSBAND OR WIFE <u>E. W. Willard</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cliff Willard, Bethany Mo</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Right Leg</u>				ANTECEDENT CAUSES <u>pelvis Bone cracked</u>				9 days	
DUE TO (b) <u>Die to fall</u>				DUE TO (c) <u>Senility</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP)		21d. HOW DID INJURY OCCUR? <u>Fell in house</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<u>Bethany</u>		<u>Harrison Mo</u>			
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 <u>8:30 pm.</u> , from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) <u>Joe E. Wheeler Coroner</u>		23b. ADDRESS <u>168 1/2 St Bethany Mo</u>		23c. DATE SIGNED <u>June 25 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Coon</u>		24d. LOCATION (City, town, or county) (State) <u>Prentiss Mo</u>			
DATE REC'D BY LOCAL REG. <u>June 30-49</u>		REGISTRAR'S SIGNATURE <u>E. C. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel Moss</u>		ADDRESS <u>Prentiss Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

57000-PR-1



DISTRICT HEALTH OFFICE
STATEMENT BY LICENSED EMBALMER
CAMERON, MO.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Paul Mast

Licensed Embalmer No. 2634

P. O. Address Cameron, 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.