

FILED SEP 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 292010

BIRTH NO. 54817-49 REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 3002 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rual, Saltriver	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If rural, give location) R.F.D.#4, Mexico, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) JOSEPH	
c. (Last) WILLINGHAM		4. DATE OF DEATH (Month) (Day) (Year) Sept. 17, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept. 2, 1949
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Audrain County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Abe Willingham	
13b. MOTHER'S MAIDEN NAME Lizzie Roe		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Abe D. Willingham		ADDRESS Mexico, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Enteritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Debility to Digestion DUE TO (c) Malnutrition 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? 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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 16, 1949 to Sept 17, 1949, that I last saw the deceased alive on Sept 17, 1949, and that death occurred at 12:45 P.M. from the causes and on the date stated above.			
23a. SIGNATURE A. W. Harger		23b. ADDRESS Mexico Mo.	
23c. DATE SIGNED 9-18-49			
24a. BURIAL, CREMATION, REBURYAL (Specify) Burial		24b. DATE Sept. 18, 49	
24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Mexico, Mo.	
DATE REC'D BY LOCAL REG. Sept 18 1949		REGISTRAR'S SIGNATURE Blanche Neely	
25. FUNERAL DIRECTOR'S SIGNATURE Carl E. Pugh		ADDRESS Mexico, Mo.	

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

RECEIVED SEP 26 1948
District Health Officer No. 1
District File Number 9-49-16
Date Filed SEP 26 1948

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 Paul E. O'Connell

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 this body is not embalmed, fact should be so stated above.