

29387

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 26 1949

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1024</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u>		c. LENGTH OF STAY (in this place) <u>7 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>412 1/2 Francis Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u>			b. (Middle) <u>Edward</u>		c. (Last) <u>Willis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 7, 1885</u>		9. AGE (In years last birthday) <u>64</u>	<input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 10 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bartender</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drummers Tavern</u>		11. BIRTHPLACE (State or foreign country) <u>Gentry Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John W. Willis</u>			13b. MOTHER'S MAIDEN NAME <u>Marie Parsons</u>		14. NAME OF HUSBAND OR WIFE <u>Effie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-26-2604</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Effie Willis 412 1/2 Francis St.</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>Pneumonia, hypostatic</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Skull fracture. Fracture of 5th + 6th</u> <u>lumbar vertebrae, 5 ribs on the left.</u> DUE TO (c) <u>Fracture of right wrist. Several</u> <u>contusions + abrasions, etc.</u>				<u>5 days.</u> <u>8 days</u> <u>29 1/2</u> <u>21</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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home - above town</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 10 1949 10:30 pm.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell down steps. 131</u>				
22. I hereby certify that I attended the deceased from <u>11 Sept</u> , 1949, to <u>18 Sept</u> , 1949, that I last saw the deceased alive on <u>18 Sept</u> , 1949, and that death occurred at <u>3:55 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>William O. McDonald M.D.</u>				23b. ADDRESS <u>301 N. 9th St.</u>		23c. DATE SIGNED <u>19 Sept 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/20/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Iatan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Iatan Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Sept. 24, 1949</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Herman W. Siderfaden</u>		ADDRESS <u>1802 Union St.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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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.

Signed Edmond Thomas

Signed
Student Embalmer

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.