

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40598

State File No. ....

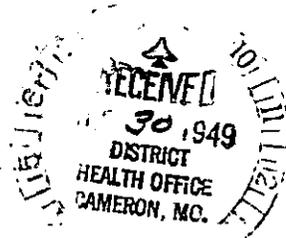
FILED JAN 4 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 41

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

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Plattsburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Plattsburg</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Rail Road Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Edward</u> c. (Last) <u>Wills</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 9 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>APR 29 1868</u>
9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR (Months) <u>7</u>	11. UNDER 1 HR. (Hours) <u>10</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John T. Wills</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Seantlin</u>	
14. NAME OF HUSBAND OR WIFE <u>Lousia Wills</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Phil Rick</u> ADDRESS <u>Plattsburg, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mycocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture left hip</u> DUE TO (c) 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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hrs</u> <u>5 Mo</u> <u>89030</u> <u>21</u>	
21a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Plattsburg Clinton Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 15 - 49 8:40 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 in Home 25</u>	
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>49</u> , to <u>Dec.</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 1</u> , 19 <u>49</u> , and that death occurred at <u>12:40</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. W. Lyon M.D.</u>		23b. ADDRESS <u>Plattsburg Mo</u>	
23c. DATE SIGNED <u>Dec 11-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>12/11/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bretherton</u>	
24d. LOCATION (City, town, or county) (State) <u>Clinton Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>Dec 11-49</u>	
REGISTRAR'S SIGNATURE <u>Bruce Chatham</u>		38 F. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Lyon</u> ADDRESS <u>Plattsburg, Mo.</u>	



**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 Danell D. Lyon

Signed.....  
Student Embalmer

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.