

FILED JAN 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 324

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 210 S. 20th	
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkview Nursing Home			

3. NAME OF DECEASED (Type or Print) Charles I. Willis		4. DATE OF DEATH Jan. 16, 1950	
a. (First) Charles		c. (Last) Willis	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 24, 1858
9. AGE (in years last birthday) 91		IF UNDER 1 YEAR Months 2	IF UNDER 12 HRS. Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri
			12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Willis	13b. MOTHER'S MAIDEN NAME Nancy Miller	14. NAME OF HUSBAND OR WIFE Dora Willis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hambury Judah
		ADDRESS St. Joseph, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronch-pneumonia		2 wks
	ANTECEDENT CAUSES Hypertensive heart disease		2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		443x	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **30 Oct, 1946**, to **16 Jan, 1950**, that I last saw the deceased alive on **15 Jan, 1950**, and that death occurred at **4:45A m.**, from the causes and on the date stated above.

23a. SIGNATURE Dorothy W. Stray	(Degree or title) M.D.	23b. ADDRESS South Bend, St. Joseph Mo	23c. DATE SIGNED 16 Jan 50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/17/1950	24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery	24d. LOCATION (City, town, or county) (State) DeKalb, Missouri

DATE REC'D BY LOCAL REG. Jan. 23, 1950	REGISTRAR'S SIGNATURE E. B. Jenkins	5. FUNERAL DIRECTOR'S SIGNATURE Walter Bowman	ADDRESS DeKalb, St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

A. D. Wood, Embler

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 *Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St Joseph*

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.