

FILED FEB 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3885

State File No.

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>CENTRALIA</u>		c. LENGTH OF STAY (in this place) <u>5 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u> <u>0042</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Hulen's Nursing Home</u>			d. STREET ADDRESS (If rural, give location) <u>314 E. ORANGE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEO</u> b. (Middle) <u>R.</u> c. (Last) <u>Willis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 6, 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 20, 1877</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>FULTON, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>DAVID C. Willis</u>		13b. MOTHER'S MAIDEN NAME <u>FANNIE DODSON</u>		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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LILLIE HULEN CENTRALIA, 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>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Long standing hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		
18. INSET BETWEEN ONSET AND DEATH <u>6 mo.</u>			18. INSET BETWEEN ONSET AND DEATH <u>10+ yrs</u>		
18. INSET BETWEEN ONSET AND DEATH <u>44 3/4</u>			18. INSET BETWEEN ONSET AND DEATH <u>44 3/4</u>		
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.) <u>Centralia</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Boone Mo.</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"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb. 1st, 1950</u> , to <u>Feb. 6th, 1950</u> , that I last saw the deceased alive on <u>Feb. 5th, 1950</u> , and that death occurred at <u>3:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. P. Edmondson M.D.</u>			23b. ADDRESS <u>101 W. Singleton Centralia</u>		23c. DATE SIGNED <u>Feb 6, '50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>FEB. 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>FEB. 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEXICO</u>	
24d. LOCATION (City, town, or county) (State) <u>MEXICO, MO.</u>		24d. LOCATION (City, town, or county) (State) <u>MEXICO, MO.</u>		24d. LOCATION (City, town, or county) (State) <u>MEXICO, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 6 - 1950</u>		REGISTRAR'S SIGNATURE <u>Maud McBride</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph Hueston MEXICO, MO.</u>	

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

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RECEIVED FEB 12 1950
District Health Officer No. 9,
District File Number.

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 Ralph L. Huiston

Licensed Embalmer No. 4687

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.