

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7448

State File No.

BIRTH NO.		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4530</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheridan</u>		c. LENGTH OF STAY (In this place) <u>40 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheridan</u>		<u>1130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Harry</u>		a. (First)		b. (Middle) <u>Amon</u>		c. (Last) <u>Willson</u>	
4. DATE OF DEATH <u>2 27 1950</u>		(Month) (Day) (Year)		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>2 18 1871</u>		9. AGE (In years last birthday) <u>79</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>9</u> Hours <u>0</u> Min. <u>0</u>	
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 <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Davis County, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Moses Willson</u>		13b. MOTHER'S MAIDEN NAME <u>Cathryn (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Willson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Willson Sheridan, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Following Flu</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>481X</u>	
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) (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>2-20</u> , 19 <u>50</u> , to <u>2-27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-27</u> , 19 <u>50</u> , and that death occurred at <u>12:00 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. J. Garton</u> (Degree or title)				23b. ADDRESS <u>Marionville Mo</u>		23c. DATE SIGNED <u>Mar 1-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3 1 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parnell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Parnell Missouri</u>	
DATE REC'D BY LOCAL REG <u>March 5-1950</u>		REGISTRAR'S SIGNATURE <u>Lela E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arch C. Samplee Grant City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



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 Arch C. Dinglee

Signed _____
Student Embalmer

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.