

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 27 1950

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>222-A</u>				
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
a. COUNTY <u>Greene</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Howell</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>11 Days</u>		d. STREET ADDRESS <u>1302 Webster</u>		0461				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1302 Webster</u>						
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX				
a. (First) <u>Amos</u>	b. (Middle) <u>Green</u>	c. (Last) <u>Willard</u>	Month <u>March</u>	Day <u>11</u>	Year <u>1950</u>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>			
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 28 1887</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work <small>domestic or part of working time, specify retired</small>) <u>retired merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Grocer</u>			11. BIRTHPLACE (State or foreign country) <u>Oregon Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Willard</u>			13b. MOTHER'S MAIDEN NAME <u>Mary King</u>			14. NAME OF HUSBAND OR WIFE <u>Josie Cross Willard</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Josie C. Willard</u>			ADDRESS <u>West Plains, 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				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Glomerular Nephritis</u>				?		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								592X		
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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>2-28, 1950</u> , to <u>3-10, 1950</u> , that I last saw the deceased alive on <u>3-10, 1950</u> , and that death occurred at <u>1:20a.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>A. P. Mosley M.D.</u>				23b. ADDRESS <u>Springfield, Mo.</u>				23c. DATE SIGNED <u>3/11/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/14/50</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Oak Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo.</u>				
DATE REC'D BY LOCAL <u>3-22-50</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley udo!!!</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. Lohmeyer</u>		ADDRESS <u>Springfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 12 1958

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.