

FILED APR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9848

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>112</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>3 WKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1423 East 9th</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHN</u>		b. (Middle) <u>DAVID</u>		c. (Last) <u>WILLS</u>	
						4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1950</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>Oct. 7, 1899</u>	
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months <u>5</u>		IF UNDER 24 HRS. Hours <u>14</u> 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 <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Henry County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>C.G. Wills</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Wise Wills</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>*****</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Guy H. Wills, bro.</u> ADDRESS <u>1712 E 7th St Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myo Carditis</u> <u>Uncomplicated heart.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>				INTERVAL BETWEEN ONSET AND DEATH	
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 <input type="checkbox"/> 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>Mar 15, 1950</u> , to <u>Mar 21, 1950</u> , that I last saw the deceased alive on <u>Mar 20, 1950</u> , and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Signature or title) <u>Ed Swarely MD</u>		23b. ADDRESS <u>Sedalia MO</u>		23c. DATE SIGNED <u>3/23/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/23/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3/23/50</u>		REGISTRAR'S SIGNATURE <u>R. Campbell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Phane Evans</u>		ADDRESS <u>Sedalia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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0804

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RECEIVED

MAR 27

District Health Officer No. 8,

District File Number _____

Date Filed 4-14-50

MAR 21 1951

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 _____

R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Seabrook 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.