

FILED JUN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17807

BIRTH NO.		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 4433		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY PUTNAM				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PUTNAM			
b. CITY OR TOWN UNIONVILLE		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN UNIONVILLE		d. STREET ADDRESS (If rural, give location) XXXXXX	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXX				d. STREET ADDRESS (If rural, give location) XXXXXX			
3. NAME OF DECEASED (Type or Print) a. (First) LUCINDA		b. (Middle) STEELE		c. (Last) WILLIER		4. DATE OF DEATH (Month) (Day) (Year) MAY 26, 1950	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED DIVORCED		8. DATE OF BIRTH JANUARY 1, 1876		9. AGE (In years last birthday) 74 if UNDER 1 YEAR: Months 4 Days 25 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CORNAILIUS CLINE		13b. MOTHER'S MAIDEN NAME CLARA GEADWELL		14. NAME OF HUSBAND OR WIFE John W. Willier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Fred Steele, Unionville, Mo.		ADDRESS	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis & hypertension DUE TO (c) senile debility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 31X				INTERVAL BETWEEN ONSET AND DEATH 30 minutes	
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)		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 June 1947, to May 26, 1950, that I last saw the deceased alive on May 26, 1950 and that death occurred at 4:15 a. m., from the causes and on the date stated above.							
23a. SIGNATURE Chas. L. Judd M.D. (Name or title)				23b. ADDRESS Unionville Mo		23c. DATE SIGNED 5/27/50	
24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL		24b. DATE MAY 28, 1950		24c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL CEMETERY		24d. LOCATION (City, town, or county) (State) CINCINNATI IOWA	
DATE REC'D BY LOCAL REG. 6-3-1950		REGISTRAR'S SIGNATURE Maxwell Durbin 264		25. FUNERAL DIRECTOR'S SIGNATURE COMSTOCK FUNERAL HOME BY J. W. Comstock		ADDRESS UNIONVILLE, Mo.	

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

RECEIVED JUN 5 1950
District Health Officer No. 1
District File Number 6-50-9
Date Filed _____

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 James W Constock
Licensed Embalmer No. 4197
P. O. Address Unionville, 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.