S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI

FILED JUL 25 1950

STANDARD CERTIFICATE OF DEATH

5658 State File No. 23947

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. ~~1380~~ Registrar's No. 356

1. PLACE OF DEATH
a. COUNTY: LAWRENCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
c. LENGTH OF STAY (In this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R-1-STOTTS-CITY-MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAWRENCE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 0550
d. STREET ADDRESS (If rural, give location): R-1-STOTTS-CITY

3. NAME OF DECEASED (Type or Print)
a. (First): JESSIE
b. (Middle): Willis
c. (Last): WILLBANKS

4. DATE OF DEATH (Month) (Day) (Year): JULY 19 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: JANUARY 9, 1889

9. AGE (In years last birthday): 61
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING

10b. KIND OF BUSINESS OR INDUSTRY: FARMER

11. BIRTHPLACE (State or foreign country): MISSOURI 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Willis WILLBANKS

13b. MOTHER'S MAIDEN NAME: IDA Scharlott STRAIT

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME: F.L. WILLBANKS
ADDRESS: Rt #1 Stotts City Mo.

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) Probable Heart attack — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) found dead in bed
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
434 3

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from after death to _____, 19___, that I last saw the deceased alive on July 7/19, 1950, and that death occurred at 1:30 A m., from the causes and on the date stated above.

23a. SIGNATURE: Herman Burridge (Degree or title) Coroner
23b. ADDRESS: Marionville Mo.
23c. DATE SIGNED: 7/19/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: July 21 1950
24c. NAME OF CEMETERY OR CREMATORY: UNION Cemetery
24d. LOCATION (City, town, or county) (State): LAWRENCE MISSOURI

DATE REC'D BY LOCAL REG.: 7-20-50
REGISTRAR'S SIGNATURE: Cecil Hendricks
25. FUNERAL DIRECTOR'S SIGNATURE: Fossett Funeral Home
ADDRESS: Mt. Vernon Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED JUL 24 1950
File 750-861
Date Filed 7-24-50

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. Wair

Licensed Embalmer No. 4650

P. O. Address Mt. Vernon, Miss

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Lawrence }

State File No. 23947
Local Registrar's No. 356

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 31st day of July, 1950, before me appears Dorothy J. Kent, who, upon her oath, states that the original record of ~~birth~~ death for JESSIE Willis Willbanks, died ~~born~~ July 19, 1950, in the State of Missouri, and which was filed at Mt. Vernon on July 20, 1950, should be corrected as follows:

~~Item No.~~ Primary Registration number should read 5658

Instead of 4280

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Dorothy J. Kent, Dep. Reg.
Relationship.

Mt. Vernon, Mo.
Present Address.

Subscribed and sworn to before me this 31 day of July, 1950

My Commission expires MY COMMISSION EXPIRES APRIL 25, 1954

Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
OM—4-43
I X36