

FILED OCT 11 1950

STANDARD CERTIFICATE OF DEATH

29759
State File No.

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 413 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK</u>	
c. LENGTH OF STAY (in this place) <u>38 YEARS</u>		1270	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>WILLIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-10-1950</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>		8. DATE OF BIRTH <u>5-20-1874</u>		9. AGE (in years last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>DALTON MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Don't know</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN WILLIS (DEAD)</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CLARENCE DREW ORRICK Mo.</u>		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				<u>5 days</u>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.					
		DUE TO (b) <u>Age & Hypertension</u>				<u>3 years</u>	
		DUE TO (c) <u>Arteriosclerosis</u>				<u>7 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				<u>18 years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331x</u>	
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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?	
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22. I hereby certify that I attended the deceased from Dec 11, 1949 to Sept 10, 1950, that I last saw the deceased alive on Sept 10, 1950, and that death occurred at 11 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Brown C. Rice M.D.</u> (Degree or title)		23b. ADDRESS <u>Brunswick Mo</u>		23c. DATE SIGNED <u>Sept 10-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-11-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Sept 10-50</u>		REGISTRAR'S SIGNATURE <u>Mildred Boone</u>		56		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Meese</u>		ADDRESS <u>Brunswick</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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Date Received: OCT 6 1950
DISTRICT HEALTH OFFICE
District File Number 10-5
Date Filed: OCT 6 1950

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 *L. M. Mausel*

Licensed Embalmer No. *823*

P. O. Address *Brunswick 7*

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.