

No. 300
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FILED OCT 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30069

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 843

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 35 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		0 376 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 525 W. Galhoun				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) J. c. (Last) Wills			4. DATE OF DEATH (Month) (Day) (Year) Sept. 24. 1950					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 21 1885		
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician			10b. KIND OF BUSINESS OR INDUSTRY M. D.		11. BIRTHPLACE (State or foreign country) Jefferson City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John C. Wills			13b. MOTHER'S MAIDEN NAME Mabel McKinsey		14. NAME OF HUSBAND OR WIFE Lula Wills			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. # 1		17. INFORMANT'S SIGNATURE OR NAME Mrs Lula Wills, Springfield, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Concussion - Bladder preparation			INTERVAL BETWEEN ONSET AND DEATH 16 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Auto Accident		00 234		
				DUE TO (c)		00 32		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, highway) Highway 73		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) DALLAS 030 MO				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 8 1950 5p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Accident				
22. I hereby certify that I attended the deceased from Sept. 8, 1950 , to Sept. 24, 1950 , that I last saw the deceased alive on Sept 23, 1950 , and that death occurred at 6:25 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Joseph N. Wills M.D.				23b. ADDRESS 609 Cherry Springfield, Mo		23c. DATE SIGNED 9-24-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/26/50	24c. NAME OF CEMETERY OR CREMATORY Hazelwood		24d. LOCATION (City, town, or county) (State) Springfield, Mo.			
DATE REC'D BY LOCAL REG. 9-25-50		REGISTRAR'S SIGNATURE W. E. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE H. H. Lohmeyer		ADDRESS Springfield, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 15 1953

OCT 20 1953

FEB 8 1954

JUN 26 1953

DEC 18 1961

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. Hamlet*

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.