

FILED SEP 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31087

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 329

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONROE CITY	
c. LENGTH OF STAY (in this place) 23 days		d. STREET ADDRESS (If rural, give location) 419 N. VINE	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) HENRIETTA b. (Middle) WILLARD c. (Last) WILLARD			4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 23 1950		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH JULY 24 1867		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months 1 Days 30 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) ADAMS COUNTY ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN H. CUBBERG		13b. MOTHER'S MAIDEN NAME MARY ETTA CROTTS	
14. NAME OF HUSBAND OR WIFE THOMAS E. WILLARD		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. none	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis			DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201	
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 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 Aug 10, 1950, to Sept 23, 1950, that I last saw the deceased alive on 23 Sept 50 and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE M. J. Beeler M.D. (Degree or title)		23b. ADDRESS St Louis Mo		23c. DATE SIGNED Sept 25 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-25-50		24c. NAME OF CEMETERY OR CREMATORY ST. JUDES CEMETERY	
24d. LOCATION (City, town, or county) MONROE CITY		24e. STATE MO.		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS ADDRESS MONROE CITY MO.	
DATE REC'D BY LOCAL REG. 9-26-50		REGISTRAR'S SIGNATURE Dr. E.M. Lucke By W. Chalko		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS ADDRESS MONROE CITY MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48644
0

RECEIVED SEP 27 1950
MARION CO. HEALTH DEPT.
DATE FILED SEP 28 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

Leslie L. Nichols

Licensed Embalmer No. 3014

P. O. Address Wenona City, 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.