

42

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 215

1. PLACE OF DEATH  
 a. COUNTY Audrain  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico  
 c. LENGTH OF STAY (in this place) 9 hrs.  
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Audrain Co Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Audrain  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico, Mo. R. 3  
 d. STREET ADDRESS (If rural, give location) 0040

3. NAME OF DECEASED  
 a. (First) Alvan b. (Middle) \_\_\_\_\_ c. (Last) Willis  
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) Dec-1-1950  
 5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 4-9-1885 9. AGE (in years last birthday) 65 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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Huntsburg, Ill. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Joseph Vance Willis 13b. MOTHER'S MAIDEN NAME ELIZE BETH DANNER 14. NAME OF HUSBAND OR WIFE, Maude Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MAUDE WILLIS MEXICO, 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, asthma, etc. It means the disease, injury, or complication which caused death.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 2 hours  
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart disease 2 years  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS U200  
 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  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) \_\_\_\_\_ 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 12-1, 1950, to 12-1, 1950, that I last saw the deceased alive on 12-1, 1950 and that death occurred at 1:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE Ernest S. Gantt (Degree or title) MD 23b. ADDRESS Mexico, Mo 23c. DATE SIGNED 12-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE DEC. 3, 1950 24c. NAME OF CEMETERY OR CREMATORY AUXVASSE 24d. LOCATION (City, town, or county) (State) AUXVASSE, MO.

DATE REC'D BY LOCAL REG. Dec 2-1950 REGISTRAR'S SIGNATURE Blanche Neely 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Faul S. Pugh, Mexico Mo

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

Date Received: **DEC 11 1950**  
DISTRICT HEALTH OFFICE #2  
District File Number *12-50-2094*  
Date Filed: **DEC 11 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Earl E. Puckett*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3189*.....

P. O. Address *Mexico 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.