

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40531**

FILED JAN 2 1950

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>69</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)			
a. COUNTY <u>Louisville</u>		b. CITY OR TOWN <u>West Plains</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Louisville</u>	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u>		0461	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Washington Ave</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Julea</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Willard</u>	Month <u>10</u>	Day <u>30</u>	Year <u>50</u>	M	F
6. COLOR OR RACE <u>Wht.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>11-13-74</u>	9. AGE (In years last birthday)	if UNDER 1 YEAR	if UNDER 24 HRS.	Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>0.</u>	13a. FATHER'S NAME <u>Chas Pruitt</u>	13b. MOTHER'S MAIDEN NAME <u>Ann</u>	14. NAME OF HUSBAND OR WIFE <u>J. S. Willard</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>
16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. S. Willard</u>	17. ADDRESS <u>West Plains Mo</u>	18. CAUSE OF DEATH	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH	19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
Enter only one cause per line for (a), (b), and (c)	21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	21. OTHER SIGNIFICANT CONDITIONS - <u>Hypertensive Cardio-Renal vascular disease</u> <u>Hemiplegia, right side</u>	*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	21. OTHER SIGNIFICANT CONDITIONS -	20. AUTOPSY? <u>442X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)	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 <u>Sept 21, 1950</u> to <u>Oct. 30, 1950</u> that I last saw the deceased alive on <u>Oct. 13, 1950</u> , and that death occurred at <u>9:10 A.M.</u> from the causes and on the date stated above.	23. SIGNATURE <u>Dr. Richard A. Smith</u> (Degree or title) <u>D.O.</u>
23a. SIGNATURE	23b. ADDRESS <u>West Plains, Mo.</u>	23c. DATE SIGNED <u>11-25-50</u>	24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-1-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oregon Cem. Oregon, Ark.</u>	24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE <u>Beatrice Cook</u> ADDRESS <u>379 S. Lubington's West Plains, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-20-50</u>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECORDED DEC 27 1950

Dist. File 1250-2569

Date Filed 12-27-50

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.

Signed R. J. Negro _____

Licensed Embalmer No. 4547 _____

Signed _____
Student Embalmer

P. O. Address _____

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.