

FILED SEP 24 1951

STANDARD CERTIFICATE OF DEATH

30646

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5-96 Registrar's No. 5-2

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b>	
b. CITY OR TOWN <b>Rural - Valle</b>		c. CITY OR TOWN <b>Rural Route # 1 Box 25-Desoto</b>	
c. LENGTH OF STAY (In this place) <b>yr.</b>		d. STREET ADDRESS (If rural, give location) <b>Mo. R.R. # 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.R. # 1, Desoto, Mo.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>	b. (Middle) <b>B</b>	c. (Last) <b>Wills</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 14 1851</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 5th 1881</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>9</b>	IF UNDER 24 HRS. Hours <b>9</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>James Wills</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Nellie Statratt</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hewitt Wills</b>	ADDRESS <b>4057 Detonty Ave.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (c) <b>4201</b>		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Rural Ste # 1 Desoto Jefferson MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9-14-51 5:50 PM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23. SIGNATURE <b>D. M. Martin</b> (degree or title)	23b. ADDRESS <b>101 Main St. Tetons Mo</b>	23c. DATE SIGNED <b>9/14/51</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-17-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-14-51</b>	REGISTRAR'S SIGNATURE <b>146 Maria Prairie</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser Martens</b>	ADDRESS <b>4228 So. Kings Highway St. Louis Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

15-21-6  
DATE RECEIVED 9-17-51  
JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

SEP 24 1951

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.....

*Ernie D. Mc Dermott*

Signed.....

Student Embalmer

Licensed Embalmer No. *3024*

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.