

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32809

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5164</u>		Registrar's No. <u>294</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Fulton Twp.</u>			c. LENGTH OF STAY (in this place) <u>12 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		<u>0140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 4 Mi W. Fulton, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D.# 5</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u>			b. (Middle) <u>B.</u>	c. (Last) <u>Willett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April, 3, 1897</u>		9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Callaway Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John H. Willett</u>			13b. MOTHER'S MAIDEN NAME <u>Katie Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.# I</u>		16. SOCIAL SECURITY NO. <u>490-07-1077</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roy B. Willett</u> ADDRESS <u>Fulton, MO #5</u>			
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) <u>hanged himself to death</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>nervous condition</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E974X</u>					INTERVAL BETWEEN ONSET AND DEATH	
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) <u>Fulton Twp. Callaway Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>October 21 1951 2 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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.							
23a. SIGNATURE <u>M.P. Ferret, 3rd</u> (Degree or title)			23b. ADDRESS <u>Fulton Mo</u>			23c. DATE SIGNED <u>10/22/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 23, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Central Ch. Cem</u>		24d. LOCATION (City, town, or county) (State) <u>4 Mi W. Fulton Mo</u>			
DATE REC'D BY LOCAL REG. <u>Oct 22-1951</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		426		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace General Home</u>		ADDRESS <u>Fulton Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 23 1951

MAY 28 1952

NOV 26 1951

DISTRICT HEALTH OFFICE No. 4

OCT 27 1951

RECEIVED

DEC 5 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Dennis C. Browning

Licensed Embalmer No. 2727

P. O. Address Tulston, 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.