

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Camdenton Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Camdenton Route 1</u>	
c. LENGTH OF STAY (in this place) <u>19 years</u>		d. STREET ADDRESS (If rural, give location) <u>Osage Township Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Osage township</u>			
3. NAME OF DECEASED (First) <u>Joel</u> (Middle) <u>Cunningham</u> (Last) <u>Willis</u>		4. DATE OF DEATH (Month) <u>Oct</u> (Day) <u>31</u> (Year) <u>1951</u>	
5. SEX <u>male</u> 6. COLOR OR RACE <u>whk</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Oct 5-1877</u>		9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guide</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>a Lake & Stream</u>	
11. BIRTHPLACE (State or foreign country) <u>New Florence Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>(?) Willis</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Jeanette Barber</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>?</u>		16. SOCIAL SECURITY NO. <u>486-16-955D</u>	
17. INFORMANT'S SIGNATURE (OR NAME) <u>James Regus Willis, Kansas City Mo</u>		ADDRESS <u>4201</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>acute</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertensive heart disease</u>	
		DUE TO (c) <u>Arteriosclerosis</u>	
III. 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 <u>4201</u>	
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)		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>4-15</u> , 19 <u>43</u> , to <u>10-31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-13</u> , 19 <u>51</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wall Atterberry</u>		23b. ADDRESS <u>Camdenton Mo</u>	
23c. DATE SIGNED <u>11-16-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 2-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lake of the Gark</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 16-1951</u>		REGISTRAR'S SIGNATURE <u>Zilpha Inow</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson-Woolery</u>		ADDRESS <u>Camdenton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED NOV 23 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed Nov 23 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 Abbie Banks Woolery

Licensed Embalmer No. 2488

P. O. Address Camden New

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.