

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25110

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 815

1. PLACE OF DEATH a. COUNTY <u>Marion 0644</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion 0644</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonal</u> 0	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1415 N. Fairview</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1415 N. Fairview</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jerrrie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Willis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> 3	
8. DATE OF BIRTH <u>May 15, 1876</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Taylor Vaughn</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Willis</u>		14. NAME OF HUSBAND OR WIFE <u>Luther</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jennie Dixon 504 Remick Harrisonal Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			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>151X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 June 1, 1952 to July 2, 1952, that I last saw the deceased alive on July 1, 1952, and that death occurred at 9:20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>M.A. Tolson M.D.</u> (Degree or title)		23b. ADDRESS <u>Harrisonal Mo.</u>		23c. DATE SIGNED <u>July 2/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Harrisonal Marion MO</u>		24e. REGISTRAR'S SIGNATURE <u>Dr. C.M. Lucke</u>		24f. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James O'Donnell Harrisonal MO</u>	
DATE REC'D BY LOCAL REG. <u>7-10-52</u>		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

RECEIVED JUL 16 1952  
MARION CO. HEALTH DEPT.  
DATE FILED JUL 16 1952

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hamlet 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.