

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

HULLDOCT 9 1952

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|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>366</u> | | PRIMARY REG. DIST. NO. <u>6243</u> | | Registrar's No. <u>50</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MISSOURI</u> b. COUNTY <u>WASHINGTON</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OL Rural Liberty</u> | | c. LENGTH OF STAY (in this place) <u>LIFE</u> | | c. CITY (If outside corporate limits, write RURAL and give township): <u>OL Rurales Liberty, Township</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Old Mines</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Old Mines 1100 A</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCIS</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>VILLMER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9 14 1952</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>2-9-1874</u> | |
| 9. AGE (in years last birthday) <u>78</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>OLD MINES, MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10a. FATHER'S NAME <u>JOHN VILLMER</u> | | 10b. MOTHER'S MAIDEN NAME <u>MARY DECLIE</u> | | 10c. NAME OF HUSBAND OR WIFE <u>FANNIE VILLMER (Deceased)</u> | | | |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | | 14. SOCIAL SECURITY NO. <u>NONE</u> | | 15. INFORMANT'S SIGNATURE OR NAME & ADDRESS <u>BIURNHAM VILLMER CADET, RT. 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia and Bronchial pneumonia</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) <u>Following Gastro-Intestinal upset & Infection</u> | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>578X</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) _____ | | 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>9/1</u> , 19 <u>52</u> to <u>9/14</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/14</u> , 19 <u>52</u> and that death occurred at <u>9:30 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Print name or title) <u>E. J. Russell</u> | | | | 23b. ADDRESS <u>Potosi, Mo.</u> | | 23c. DATE SIGNED <u>9/15/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>9-17-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ST JOACHIMS, CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>OLD MINES, MO</u> | |
| DATE REC'D BY LOCAL REG. <u>9/15/52</u> | | REGISTRAR'S SIGNATURE <u>Arthur Kendall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS <u>SMITH & HIGGINBOTHAM, FH, POTOSI, MO</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

SEP 16 1952

WASH. COUNTY HEALTH DEPT.
File No. _____

OCT 9 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

Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.