

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42674**

FILED JAN 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5694** Registrar's No. **96**

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 (If outside corporate limits, write RURAL and give town) <b>RURAL MERAMEC Township</b>		c. LENGTH OF STAY (In this place) <b>25 1/2</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL MERAMEC TOWNSHIP</b>		d. STREET ADDRESS (If rural, give location) <b>NEAR DITTMER Mo 6500</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HILLSBORD RR#2.</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>JULIUS</b>			b. (Middle) <b>JOHN</b>		c. (Last) <b>WILLE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-30-1952</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>		8. DATE OF BIRTH <b>SEPT. 12-1888</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>64 3 18</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORED</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>	
13a. FATHER'S NAME <b>HERMAN WILLE</b>			13b. MOTHER'S MAIDEN NAME <b>ELIZABETH WEBER</b>		14. NAME OF HUSBAND OR WIFE <b>SELMA (RABENORT) WILLE</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>498-036654</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Selma Wille Dittmer Mo</b>			
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) <b>cardiac heart failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>chronic heart condition</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4343</b>					
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>12/30/52, 19</b> , to <b>19</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>3:30 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Paul Long, Coroner</b> (Degree or title)				23b. ADDRESS <b>RR 1, De Soto Mo</b>		23c. DATE SIGNED <b>12/30/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Jan 1-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST MARTINS</b>		24d. LOCATION (City, town, or county) (State) <b>DITTMER Mo</b>	
DATE REC'D BY LOCAL REG. <b>Jan 3, 1953</b>		REGISTRAR'S SIGNATURE <b>Ruth Jessa</b> <b>438</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Home Spring Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 13 1953

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 6 1953

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 \_\_\_\_\_

*James B. ...*

Signed.....  
Student Embalmer

Licensed Embalmer No. 1470

P. O. Address *Home Springs, 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.