

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH *6010*State File No. *26777*

26777

FILED JAN 13 1953

BIRTH NO.

REG. DIST. NO. *294*PRIMARY REG. DIST. NO. *6010*Registrar's No. *1*

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural-Sugar Creek Twp.		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clifton Hill		<i>0580</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION near Wayside Inn, Hwy. 24			d. STREET ADDRESS (If rural, give location) none		
3. NAME OF DECEASED (Type or Print) a. (First) Billie		b. (Middle) Dean	c. (Last) Willsie		4. DATE OF DEATH (Month) (Day) (Year) January 1 1953
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH July 9, 1930	9. AGE (in years last birthday) 22	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman for Wabash		10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R. Co.	11. BIRTHPLACE (State or foreign country) Randolph County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME James G. Willsie		13b. MOTHER'S MAIDEN NAME Lillian C. Christianson		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 498-32-0801	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James G. Willsie; Clifton Hill, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Automobile Choking			II. OTHER SIGNIFICANT CONDITIONS		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) head injuries thrown from car to the		
			DUE TO (c) poisoning		
II. 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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.F.H.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wabasha Randolph Mo		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 1-1-53 2:30 a.m.		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 about , 19___, to ___ 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at 7:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Chas. E. Barnes			23b. ADDRESS Wabasha Mo		23c. DATE SIGNED Jan 1-53
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-3-1953	24c. NAME OF CEMETERY OR CREMATORY Clifton Hill Cemetery	24d. LOCATION (City, town, or county) (State) Clifton Hill, Missouri		
DATE REC'D BY LOCAL REG. 1-3-53	REGISTRAR'S SIGNATURE Paula Weisman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom B. Patton Huntsville Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

X
No. 300
10-48

JAN 16 1953

JAN 9 1953

JAN 1 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, W

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.