

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED MAY 19 1953

State File No. **17551**

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 5390		Registrar's No. 45			
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural- Springcreek				c. LENGTH OF STAY (In this place) 50yr's					
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Springcreek typ				d. STREET ADDRESS (If rural, give location) rural So. Salem					
d. FULL NAME OF HOSPITAL OR INSTITUTION X				e. ADDRESS 0330					
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Anderson c. (Last) Willis			4. DATE OF DEATH (Month) (Day) (Year) 5/5/53						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug 4 1877			
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and State or Foreign Country) Shannon Co Mo		12. CITIZEN OF WHAT COUNTRY? Mo		
13a. FATHER'S NAME George Willis			13b. MOTHER'S MAIDEN NAME Lydia Lewis			14. NAME OF HUSBAND OR WIFE Lucy Medlock Willis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Lucy Willis			ADDRESS Salem Mo	
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.				<p align="center">MEDICAL CERTIFICATION</p> <p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. due to (b) .. seborrhis or generalized arterioscl.</p> <p>DUE TO (c) _____</p> <p>2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH 2 (?) hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x				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 5-2 , 19 53 , to 5-5 , 19 53 , that I last saw the deceased alive on 5-2 , 19 53 , and that death occurred at 2:45 A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. S. [Signature]				23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 5-6-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/7/53		24c. NAME OF CEMETERY OR CREMATORY Cedar Grove		24d. LOCATION (City, town, or county) (State) Salem Mo.			
DATE REC'D BY LOCAL REG. 5-8-53		REGISTRAR'S SIGNATURE M. M. Hart, M.D. by [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS [Address]			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Paul H. Spitzer

Licensed Embalmer No. 9370

P. O. Address Salem, Md.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.