U.S. Ap-559
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21913

FILED JUL 13

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 (Registrar's No. 310)

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City, Mo.
d. STREET ADDRESS (If rural, give location): 605 N. Elliott 0492

3. NAME OF DECEASED (Type or Print)
a. (First): Iridell
b. (Middle): (Dell)
c. (Last): Willard

4. DATE OF DEATH (Month) June (Day) 19 (Year) 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 19, 1883
9. AGE (In years last birthday): 69 — If under 1 year: Months 7, Days 0, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Keystone Tool and
10b. KIND OF BUSINESS OR INDUSTRY: Supply Co.
11. BIRTHPLACE (State or foreign country): Van Buren, Ark.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm. Willard
13b. MOTHER'S MAIDEN NAME: Annie Janes
14. NAME OF HUSBAND OR WIFE: Mable Willard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-05-9234
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mable Willard — **ADDRESS**: Webb City 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion, massive — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary heart disease — 3 years
DUE TO (c)

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 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 19, *19* 53, *to* June 19, *19* 53, *that I last saw the deceased alive on* June 19, *19* 53, *and that death occurred at* 9:25 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Joplin, Mo.
23c. DATE SIGNED: 7-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Webb City Cemetery
24d. LOCATION (City, town, or county) (State): Webb City, Mo.

DATE REC'D BY LOCAL REG.: 7-8-53
REGISTRAR'S SIGNATURE: G. L. James 138 by Roland Lamphere
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Johnston Arnce Simpson Mortuary, Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-10553
Jasper County Health Office
County File Number 53-7-581
Date Filed 7-10-53

SEP 2 1954

JUL 7 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 Harvey E. Bruce
Licensed Embalmer No. 4463
P. O. Address Weep City 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.