

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

State File No. **22223**

No. 800 FILED JUN 18 1953 10.48

BIRTH NO. _____ REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **4322** Registrar's No. **87**

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 5 miles N. E. of Gainsville, Mo.	
c. LENGTH OF STAY (In this place) 17 days		d. STREET ADDRESS (If rural, give location) Lindley Twp., Mercer Co., Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Axtell Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) Alvin c. (Last) Willis			4. DATE OF DEATH (Month) (Day) (Year) May 29 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH November 17 1890		9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	
11. BIRTHPLACE (City and State or Foreign Country) Mercer Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. KIND OF BUSINESS OR INDUSTRY Owner of General farm	

13a. FATHER'S NAME Benjamin Willis		13b. MOTHER'S MAIDEN NAME Leona Hagan		14. NAME OF HUSBAND OR WIFE Ulna May Willis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ulna May Willis ADDRESS Gainsville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage		DUE TO (b) acute Portal Cirrhosis		10 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Chronic Arthritis: Hypotension		3 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				5 years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (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 August, 1945, to May 29, 1953, that I last saw the deceased alive on May 28, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alfred C. Tapp D. O. 2		23b. ADDRESS Princeton, Missouri		23c. DATE SIGNED May 30 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 31st., 1953		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	
				24d. LOCATION (City, town, or county) (State) Gainsville, Missouri	

DATE REC'D BY LOCAL REG. 6-12-53		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS Gainsville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

650

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, *gt/by*-----

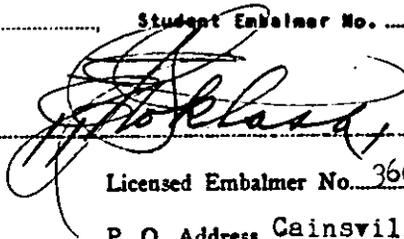
Eddie J. Stoklasa

Student Embalmer No. -----

working under my personal supervision.

Student -----
Student Embalmer

Signed



Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.