

STANDARD CERTIFICATE OF DEATH

24512

State File No.

FILED AUG 11 1953

BIRTH NO.

REG. DIST. NO. 131

PRIMARY REG. DIST. NO. 4202 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY GRUNDY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY GRUNDY				
b. CITY (If outside corporate limits, write RURAL and give township) SPICKARD		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) TRENTON		d. STREET ADDRESS (If rural, give location) 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION								
3. NAME OF DECEASED a. (First) LOVELLA			b. (Middle) JANE		c. (Last) WILLS		4. DATE OF DEATH (Month) (Day) (Year) AUG 7 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) WIDOWED		8. DATE OF BIRTH AUG-15-1888		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME WILLIAM MENANNARA			13b. MOTHER'S MAIDEN NAME ELIZABETH GRUBB		14. NAME OF HUSBAND OR WIFE LOUIS WILLS			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALICE M-HARGUE SPICKARD 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Organic Heart Disease					INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4343						
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)		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 Aug 7, 1953 , to Aug 7, 1953 , that I last saw the deceased alive on Aug 4, 1953 , and that death occurred at 2:00 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) E. H. Ewing M.D.				23b. ADDRESS Spickard MO		23c. DATE SIGNED 8-8-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG-10-1953	24c. NAME OF CEMETERY OR CREMATORY WILDS CEM.		24d. LOCATION (City, town, or county) (State) GRUNDY CO. MO			
DATE REC'D BY LOCAL REG. 8-10-53		REGISTRAR'S SIGNATURE Mrs. Jennie Campbell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCHOOLER FUNERAL HOME SPICKARD MO				

(Licensed Embalmer's Statement on Reverse Side)

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

0400

AUG 19 1953

AUG 20 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 Ross Wise.....

Licensed Embalmer No. 3771.....

P. O. Address Spickard 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.