

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

25860

State File No.

FILED JUL 27 1953

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>233</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>3 yrs</u>		c. CITY OR TOWN <u>Sedalia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1011 So. Osage</u>				e. STREET ADDRESS (If rural, give location) <u>1011 So. Osage</u> <u>0804</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> (Middle) <u>HENRY</u> c. (Last) <u>WILLIS</u>				4. DATE OF DEATH (Month) <u>July</u> (Day) <u>18</u> (Year) <u>1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 5-1879</u>	
9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road Conductor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>West Virginia</u>			
13a. FATHER'S NAME <u>Taylor Willis</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Wright Willis</u>			
14. NAME OF HUSBAND OR WIFE <u>Mabel E. Willis</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>			
16. SOCIAL SECURITY NO. <u>no</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mabel Willis</u> ADDRESS <u>Sedalia</u>			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u> 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. <u>Chr. Brights</u> 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>			
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) _____ m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4222</u>					
22. I hereby certify that I attended the deceased from <u>Mar</u> 19 <u>51</u> , to <u>July 18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-18</u> , 19 <u>53</u> , and that death occurred at <u>9:30 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. W. B. Boyer M.D.</u>				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>7-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Green Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Green Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-20-53</u>		REGISTRAR'S SIGNATURE <u>W. J. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. C. Laughlin Bros</u>		ADDRESS <u>Sedalia</u>	

251-0 (Licensed Embalmers' 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..... 3153

P. O. Address..... Sedalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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