

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27698

State File No. ....

FILED AUG 31 1953

BIRTH NO. .... REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warsaw</u>	c. LENGTH OF STAY (in this place) <u>5 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warsaw</u> <u>0080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Side Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hillary</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Will</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 23, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 21, 1874</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>2</u>	IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Penn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>George Will</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Kew</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (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>C. H. Will Lincoln</u>	ADDRESS <u>Neb.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>  <u>UNKNOWN</u>  <u>UNK</u> <u>UNK</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes melitus</u> DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, severe. Senility.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 6 June, 1951, to 23 Aug, 1953, that I last saw the deceased alive on 23 Aug, 1953, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clarence H. Slem</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Warsaw Mo.</u>	23c. DATE SIGNED <u>24 Aug 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 25 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>	24d. LOCATION (City, town, or county) (State) <u>Warsaw Benton Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 25 1953</u>	REGISTRAR'S SIGNATURE <u>Gas. A. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Kew</u>	ADDRESS <u>Warsaw</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

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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

*John F. Reser*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.