

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43494**

FILED JAN 6 - 1954

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **130**

2540

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

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray		
b. CITY (If outside corporate limits, write RURAL and give township) Lexington		c. LENGTH OF STAY (In this place) 5 days	c. CITY OR TOWN Hardin		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Hospital			• STREET ADDRESS (If rural, give location) 2nd & Main 0890		
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) LEWIS c. (Last) WILLEFORD			4. DATE OF DEATH (Month) (Day) (Year) December 25, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 17, 1873	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 10 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hardware business		10b. KIND OF BUSINESS OR INDUSTRY Owner	11. BIRTHPLACE (City and State or Foreign Country) Bond County, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Edward L. Willeford		13b. MOTHER'S MAIDEN NAME Lucy S. Davenport		14. NAME OF HUSBAND OR WIFE Georgia M. Willeford	
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georgia Willeford, Hardin, 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) Bronchial asthma ANTECEDENT CAUSES Morbid 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. Generalized arteriosclerosis & coronary arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPTOY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 241 X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 12/21 , 19 53 , to 12/25 , 19 53 , that I last saw the deceased alive on 12/25 , 19 53 , and that death occurred at 8:00 P.M. from the causes and on the date stated above.					
23. SIGNATURE (Type or Print) M. L. Masterson, M.D.			23b. ADDRESS Richmond Mo.		23c. DATE SIGNED 12/28/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-27-1953	24c. NAME OF CEMETERY OR CREMATORY Hickory Grove		24d. LOCATION (City, town, or county) (State) Ray County, Mo.	
DATE REC'D BY LOCAL REG. 12-30-53	REGISTRAR'S SIGNATURE Thomas J. Carter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richmond Mo.		

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..... *Thomas J. Carter*

Licensed Embalmer No. *4474*

P. O. Address *Richmond, Va*

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.