

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 1 1954

690
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | |
|--|--|---|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>226</u> | | PRIMARY REG. DIST. NO. <u>4336</u> Registrar's No. <u>19</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Monroe</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Monroe</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holliday RR</u> | | c. LENGTH OF STAY (In this place) <u>23 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u> | | 2690 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | d. STREET ADDRESS (If rural, give location) <u>XXXXXXXXXX</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mollie Elizabeth</u> | | b. (Middle) | c. (Last) <u>Willis</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>5 15 1954</u> | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>8/9/1864</u> | 9. AGE (In years last birthday) <u>89</u> | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of lifetime, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTHPLACE (State or foreign country) <u>Madison, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>John Riley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Tura Elizabeth Swartz</u> | 14. NAME OF HUSBAND OR WIFE <u>J Ed Willis</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give unknowns) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mollie Foster</u> ADDRESS <u>Holliday, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 Days</u> | |
| | 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. <u>Fracture of hip Jan. 9, 54</u> | | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>522XF</u> | | | 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 <u>Jan 9, 1954</u> to <u>May 15, 1954</u> that I last saw the deceased alive on <u>May 15, 1954</u> and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>A.O.</u> | | 23b. ADDRESS <u>Madison Mo</u> | | 23c. DATE SIGNED <u>6-17-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 18 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Madison, MO</u> | | |
| DATE REC'D BY LOCAL REG. <u>5-27-54</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Madison, Mo</u> | | |

1981 JUL 2 700

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Paul A. Humphrey

Signed.....
Student Embalmer

Licensed Embalmer No. *1452*

P. O. Address *Murphy, Tenn*

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.