

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19715  
Registrar's No. 54

BIRTH NO. _____		REG. DIST. NO. <u>221</u>		PRIMARY REG. DIST. NO. <u>4331</u>		State File No. <u>19715</u>		Registrar's No. <u>54</u>			
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jaunestown</u>			c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>California</u>		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					e. STREET ADDRESS (If rural, give location) <u>068/0</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>EDWARD</u>		c. (Last) <u>WILLERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 25 1954</u>				
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>April-29-1882</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>72 1 26</u>			
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>no</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri Moniteau Co.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Fred Willers</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Holpster</u>			14. NAME OF HUSBAND OR WIFE <u>Clara Willers</u>					
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>Mrs. Heatsch</u>						ADDRESS <u>Jaunestown Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)					MEDICAL CERTIFICATION <u>Cerebral thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Jaunestown Moniteau Mo</u>						
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>332 X</u>						
22. I hereby certify that I attended the deceased from <u>June 25, 1954</u> , to <u>June 25, 1954</u> , that I last saw the deceased alive on <u>June 25, 1954</u> , and that death occurred at <u>1 P.M.</u> from the causes and on the date stated above.											
22a. SIGNATURE <u>D. H. Bacon</u>					(Deceased or title)		23b. ADDRESS <u>California</u>		23c. DATE SIGNED <u>6/28/54</u>		
24a. ARRIVAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>California Missouri</u>				
DATE/REC'D BY LOCAL REG. <u>6/36/54</u>		REGISTRAR'S SIGNATURE <u>H. L. Pope</u>			506		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Hillier</u>			ADDRESS <u>California Mo</u>	

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

068/0

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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.....  
Signature of Student Embalmer

Signed *Hugh E. Williams*.....

Licensed Embalmer No. *2532*

P. O. Address *California*

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.