FILED SEP 7 1954

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26782

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4195 Registrar's No. 83

380

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gentry
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gentry 0380
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Willard
b. (Middle) H.
c. (Last) Earixson

4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1954

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 15, 1870
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months 10 Days 10 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming
11. BIRTHPLACE (State or foreign country) Mercer Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Samuel Earixson
13b. MOTHER'S MAIDEN NAME Mary Chestnut
14. NAME OF HUSBAND OR WIFE Minerva Good Earixson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. W. H. Earixson — ADDRESS Gentry, 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) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 177 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1954, *to* Aug 25, 1954, *that I last saw the deceased alive on* Aug 25, 1954, *and that death occurred at* 10:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Charles N Williamson Dr
23b. ADDRESS Gentry Mo
23c. DATE SIGNED Aug 25-1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-28-54
24c. NAME OF CEMETERY OR CREMATORY Greenridge Ce.
24d. LOCATION (City, town, or county) Gentry Co. (State) Mo.

DATE REC'D BY LOCAL REG. Aug 28-54
REGISTRAR'S SIGNATURE Maude Williams 462-0
25. FUNERAL DIRECTOR'S SIGNATURE Clifford Brooks — ADDRESS Albany Mo

(Licensed Embalmer's 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 me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Clifford Burks

Licensed Embalmer No. 3329

P. O. Address Albany 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 this body is not embalmed, fact should be so stated above.