

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30025

State File No.

FILED OCT 11 1954

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 368

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) (In hospital)	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Cape Girardeau, Mo.</u>		c. LENGTH OF STAY (in this place) <u>27 yr</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Missouri</u>		c. CITY OR TOWN <u>Cape Girardeau</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>913 Ranney</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Paul</u>	b. (Middle) <u>Fredrick</u>	c. (Last) <u>Willer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3 1954</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>Married</u>	8. DATE OF BIRTH <u>Oct 35 1886</u>	9. AGE (In years) (Month) (Day) (Min.) <u>67 11 18</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet Metal</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sheet Metal</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Burfordsville Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>Joe Willer</u>	13b. MOTHER'S MAIDEN NAME <u>Christine Rienkoe</u>	14. NAME OF HUSBAND OR WIFE <u>Sabina Haupt Willer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>Link</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sabina Willer</u>	ADDRESS <u>Cape Gir.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		<u>4 Day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis generalized 10 yrs</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>uremia</u>		<u>1 MO</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4-2-01</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)	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 Jan. 14, 1950, to Oct. 3, 1954, that I last saw the deceased alive on Oct. 3, 1954, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward D Campbell M.D.</u>	23b. ADDRESS <u>Cape Girardeau</u>	23c. DATE SIGNED <u>no Oct 5, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 6 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Russel Heights</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-7-54</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Ester</u>	ADDRESS <u>Cape Gir Mo</u>
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. H. Estlin*

Licensed Embalmer No. *35*

P. O. Address *Capri*

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.