

Body Not Claimed - buried in Morrison Cemetery

FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

973

State File No.

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5487 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jefferson twp.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission).
a. STATE Oklahoma
b. COUNTY
c. CITY OR TOWN Tulsa
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) ROY b. (Middle) N. c. (Last) WILLEY

4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1955
5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH Unknown 9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 18 HRS. Hours Min. abt 60

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Fruit Market 11. BIRTHPLACE (City and State or Foreign Country) PAW HUSKA, Okla. 1 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.I 16. SOCIAL SECURITY NO. 446-07-0884 17. INFORMANT'S SIGNATURE OR NAME Fritz Carroll ADDRESS 3220 Sand Springs Rd, Tulsa, Okla.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis INTERNAL BETWEEN ONSET AND DEATH Died very suddenly

*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.

DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. He slipped over in seat of truck and driver of truck rushed to Reid Hospital, but he was dead on arrival.

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Heart Failure 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Died in truck 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bethany, Harrison, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 21 1955 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Sudden Death

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Joseph J. Marshall D.C. 3rd 23b. ADDRESS Harrison County Coroner, Bethany, Mo. 23c. DATE SIGNED 1-22-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan. 25, 1955 24c. NAME OF CEMETERY OR CREMATORY Morrison Cemetery 24d. LOCATION (City, town, or county) (State) Bethany, Mo.

DATE REC'D BY LOCAL REG. Jan 25-55 REGISTRAR'S SIGNATURE Zola Burrus 25. FUNERAL DIRECTOR'S SIGNATURE Clark L. Touch ADDRESS Bethany, Mo.

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

APR 19 1931

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 *Clark L. Foutch*.....

Licensed Embalmer No. *4831*

P. O. Address *Bethany*.....

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.