

FILED FEB 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 7086

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6256 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Wayne 1			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY Wayne		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McGee Rural Jefferson T.S.		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1110		d. STREET ADDRESS (If rural, give location) 0
3. NAME OF DECEASED (Type or Print) Barnhart			a. (First)	b. (Middle)	c. (Last) Wills,
4. DATE OF DEATH	(Month) 1	(Day) 9	(Year) 55		
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Aug 18 1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 4
IF UNDER 24 HRS. Hours 26	IF UNDER 24 MIN. 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	11. BIRTHPLACE (State or foreign country) McGee Missouri, 0	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME David Wills		13b. MOTHER'S MAIDEN NAME Mary Barnhart		14. NAME OF HUSBAND OR WIFE Deceased,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Wills McGee 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, 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) Myocarditis	ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Senility				
	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				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) 4222 (COUNTY)	21d. (STATE)		
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?			
22. I hereby certify that I attended the deceased from _____, 1953, to Jan 9, 1955, that I last saw the deceased alive on Jan, 1955, and that death occurred at 9:44 a.m., from the causes and on the date stated above.					
23a. SIGNATURE E. C. Masters (Degree or title) Do. &			23b. ADDRESS Advance Mo.		23c. DATE SIGNED Feb. 14, 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1 11 -55	24c. NAME OF CEMETERY OR CREMATORY Decelis	24d. LOCATION (City, town, or county) (State) McGee Wayne Co Mo		
DATE REC'D BY LOCAL REG. Feb. 15, 1955	REGISTRAR'S SIGNATURE Brette Ward 495	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mathews and Sons Puxie Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB. 16 1965
WAYNE CO. HEALTH CENTER
FILE NO. _____

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
Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter 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.