

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7880**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 233

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Mo.</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>3 days</b>	c. CITY OR TOWN <b>Bolivar</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. NAME OF DECEASED a. (First) <b>John</b> b. (Middle) <b>Harding</b> c. (Last) <b>Willis</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 14, 1955</b>	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 26, 1920</b>	9. AGE (in years last birthday) <b>34</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>16</b>	IF UNDER 24 HRS. Hours <b>2</b> Min. <b>16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>County Collector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tax Collector</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Near Halfway, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Eugene Willis</b>	13b. MOTHER'S MAIDEN NAME <b>Rena Howe</b>	14. NAME OF HUSBAND OR WIFE <b>Maunita Mozell Willis</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. John H. Willis</b> ADDRESS <b>Bolivar, Mo.</b>

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Nephrolithiasis bilateral severe with renal insufficiency.</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Paraplegia</b> DUE TO (c) <b>Tramatic injury spine.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>18 years</b> <b>8 years</b>
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) <b>084</b>
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?

22. I hereby certify that I attended the deceased from 11 March, 1955, to 14 March, 1955, that I last saw the deceased alive on 14 Mar., 1955, and that death occurred at 8:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>J. G. Sicheluff, M.D.</b>	(Deceased title)	23b. ADDRESS <b>609 Cherry St. Springfield, Mo.</b>	23c. DATE SIGNED <b>3-17-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/17/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bolivar, Missouri</b>
DATE REC'D BY LOCAL REG. <b>3-18-55</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Erwin R. Blue Bolivar MO.</b>	

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

*Dr. Joe  
Siceluff*

APR 18 1955

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 *Willard D. Emin*

Licensed Embalmer No *3092*

P. O. Address *Baltimore, Md.*

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.