

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

547

State File No. ....

FILED JAN 30 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived if institution, residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (if in place) <u>5 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>			
e. STREET ADDRESS (if rural, give location) <u>4 miles N. Jackson Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>MARIE</u> c. (Last) <u>WILLA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 26 1956</u>		
---	--	--	--	--	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u> (Specify)		8. DATE OF BIRTH <u>Oct 24, 1883</u>		9. AGE (in years last birthday) <u>72</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 11 WRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeping</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>near Jackson Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Herman Loss</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Diamond</u>		14. NAME OF HUSBAND OR WIFE <u>Henry H Willa</u>	
---------------------------------------	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry H Willa</u> ADDRESS <u>Jackson Mo.</u>	
--	--	-------------------------------------	--	---	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Collapse</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Surgical Shock</u>				<u>12 hours</u>	
		DUE TO (c) <u>5705</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Arterial Sclerosis</u>				<u>approx. 10 years.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Massive Adhesions of Stomach, duodenum + Liver</u>				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)	
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 Oct. 9, 1956, to JAN. 26, 1956, that I last saw the deceased alive on JAN. 26, 1956, and that death occurred at 1:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Dickerson, D.O.</u> (Degree or title)		23b. ADDRESS <u>104 E. Washington Jackson Mo.</u>		23c. DATE SIGNED <u>1/26/56</u>	
---	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 28, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St John's near Jackson Mo.</u>		24d. LOCATION (City, town, or county) (State)	
---	--	-------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>1-27-56</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Miller</u> ADDRESS <u>Jackson Mo.</u>	
---	--	--	--	--	--

WRITE PLAINLY—USING UNEADING 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 *Gen. C. Craight*.....

Licensed Embalmer No. *437*.....

P. O. Address *Laurel, 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.