

STANDARD CERTIFICATE OF DEATH

FILED JUN 5 1956

300
48

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5358 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>DAVLESS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DAVLESS</u>	
b. CITY OR TOWN <u>RURAL COLFAX</u>		c. CITY OR TOWN <u>WINSTON</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0210</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIS</u> b. (Middle) <u>CLARK-DEFOED</u> c. (Last) <u>DEFOED</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 17-56</u>		
---	--	--	--	--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-14-1881</u>	9. AGE (In years last birthday) <u>74</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Mins. _____
-----------------	---------------------------	---	-----------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
---	--	-----------------------------------	--	--	--	---	--

13a. FATHER'S NAME <u>PR-DEFOED</u>		13b. MOTHER'S MAIDEN NAME <u>BARKDOLL</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA</u>	
-------------------------------------	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, see unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WILBERTA HOUSE</u> ADDRESS <u>E-4400, BIASAN</u>	
---	--	----------------------------------	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>		INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u>			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma.</u>			
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)	
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 May 15, 1956, to May 17, 1956, that I last saw the deceased alive on May 17, 1956, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frederick Wilson MD</u> (Degree or title)		23b. ADDRESS <u>Winston MO.</u>		23c. DATE SIGNED <u>May 19, 56</u>	
---	--	---------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION-REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-19-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WINSTON</u>		24d. LOCATION (City, town, or county) (State) <u>WINSTON MO</u>	
--	--	--------------------------	--	---	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE <u>Virginia M. Englehart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs Kate Shoup Winston MO</u>		ADDRESS	
---	--	---	--	---------	--

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

JUN 9 1956

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 *Gale A. Oldfield*

Licensed Embalmer No. *45*

P. O. Address *Hamilton*

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.