

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16023

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> <u>1370</u>		
b. CITY (If outside corporate limits, write RURAL and give town OR <u>Stanberry, Mo.</u> /		c. LENGTH OF STAY (In this place township) <u>1 Year</u>	c. CITY OR TOWN <u>Stanberry</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 _____			f. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lois Clifton</u> b. (Middle) <u>Willis</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1956</u>		
5. SEX <u>Female</u> /	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 6, 1928</u>		9. AGE (In years last birthday) <u>27</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Part Time Employee</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pattonsburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Lester H. Bozarth</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Sherrill</u>	14. NAME OF HUSBAND OR WIFE <u>Warren E. Willis</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-28-1075</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Warren E. Willis, Stanberry, Mo.</u> ADDRESS _____		
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Thrombosis</u> ANTECEDENT CAUSES <u>Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</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) <u>4201</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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 <u>May 25</u> , 19 <u>56</u> , to <u>May 25</u> , 19 <u>56</u> ; that I last saw the deceased alive on <u>May 25</u> , 19 <u>56</u> , and that death occurred at <u>12:35 A. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>C. Williams</u> (Degree or title) <u>Gen'l Co No 2</u>			23b. ADDRESS <u>Gentry Mo</u>		23c. DATE SIGNED <u>5-26-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-27-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pattonsburg, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 27 56</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Spinnaker</u> ADDRESS <u>Pattonsburg, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 6 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..... *Louis J. Quinn*

Licensed Embalmer No. *40*

P. O. Address..... *Patton*

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.